

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

Forename

Surname

Protocol

CHOEP 14 DAYS

SA (m²)

Height (m)

Weight (kg)

Page:1 of 4

DOB

Patient NO

Local No.

Course Name:

CHOEP + GCSF 14 day

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m ²)					
BILIRUBIN	0.00	21.00	Day [1]		
Cockcroft > 70mls/min	70.00	300.00	Day [1]		
NEUTROPHILS > 1.0	1.00	15.00	Day [1]		
PLATELETS > 80	80.00	600.00	Day [1]		

Additional Prescribing Notes

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance:

1) Consider stress ulcer PPI prophylaxis i.e.

lansoprazole

2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/Checked by	Time Start/Stop	Comments
1	T=:hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
1	T=:hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	DOXORUBICIN (50mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	VINCRIStINE (1.4mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Parenteral	2
Intrathecal	0
Oral	2

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol **CHOEP 14 DAYS**

SA (m²)
Height (m)
Weight (kg)

DOB _____ Patient NO _____ Local No. _____ Course Name: _____

CHOEP + GCSF 14 day

Ward _____

NHS No _____

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/Checked by	Time Start/Stop	Comments
1	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1.5 Hrs at a rate 667 ml/hr		/	/	
2	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1.5 Hrs at a rate 667 ml/hr		/	/	
3	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1.5 Hrs at a rate 667 ml/hr		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date: / /	Date: / /	Date: / /	Date: / /

Patient Details

Forename	Surname	Protocol	CHOEP 14 DAYS	SA (m ²)
		Course Name	CHOEP + GCSF 14 day	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	PREDNISOLONE																
Actual dose	100 mg	Duration	5 DAYS														
Route	PO	Start Date															
Frequency	OM	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Taken preferably in the morning.																
Drug & dose	METOCLOPRAMIDE																
Actual dose	10 mg	Duration	PRN														
Route	PO	Start Date															
Frequency	TDS	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
/ /	/ /	/ /	/ /

Patient Details

Forename	Surname	Protocol	CHOEP 14 DAYS	SA (m ²)
		Course Name	CHOEP + GCSF 14 day	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

Record drug allergies or sensitivities

			Time	Date														
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	2 DAYS															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose	microgram	Duration	10 DAYS															
Route	SC	Start Date																
Frequency	OD	Start Day	4															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS To be injected ONCE a day by subcutaneous injection on days 4 to 13.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
/ /	/ /	/ /	/ /