

Trust location: \_\_\_\_\_

## Parenteral Cytotoxic Chart

Chemocare prescription V1.05

## Patient Details

Page:1 of 3

Forename

Surname

Protocol

CVP LYMPHOMA

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

CVP Non-hodgkins lymphoma

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m <sup>2</sup> )						
ALA TRANSAM 1 ULN	0.00	40.00	Day [1]			
ANC >1.5 (5 DAY EXP)	1.50	15.00	Day [1]			
BILIRUBIN	0.00	21.00	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
Platelets>100 (5 day exp)	100.00	600.00	Day [1]			

## Additional Prescribing Notes

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 (0ml)	0 ml	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	
1	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		/	/	
1	T=:hrs	VINCRIStINE (1.4mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	2

## Patient Details

Forename	Surname	Protocol	CVP LYMPHOMA	SA (m <sup>2</sup> )
		Course Name	CVP Non-hodgkins lymphoma	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	mg	Duration	5 DAYS																		
Route	PO	Start Date																			
Frequency	OM	Start Day	1																		
Quantity Dispensed		Dispensed by																			
		Accuracy check																			
Note	Prednisolone dose should preferably be taken in the morning.																				
Drug & dose	METOCLOPRAMIDE																				
Actual dose	10 mg	Duration	28 tablets																		
Route	PO	Start Date																			
Frequency	TDS PRN	Start Day	1																		
Quantity Dispensed		Dispensed by																			
		Accuracy check																			
Note	28 x 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

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	CVP LYMPHOMA										<b>SA (m<sup>2</sup>)</b>	
		<b>Course Name</b>	CVP Non-hodgkins lymphoma										<b>Height (m)</b>	
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>											<b>Weight (kg)</b>
		<b>Ward</b>												
<b>Address</b>														

Record drug allergies or sensitivities

			Time	Date													
<b>Drug &amp; dose</b>	ONDANSETRON																
<b>Actual dose</b>	8 mg	<b>Duration</b>	2 DAYS														
<b>Route</b>	PO	<b>Start Date</b>															
<b>Frequency</b>	bd	<b>Start Day</b>	1														
<b>Quantity Dispensed</b>		<b>Dispensed by</b>															
		<b>Accuracy check</b>															
<b>Note</b>	If pre-pack supplied record Batch Number : _____.																

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	