

Patient Details

Forename _____ Surname _____

Protocol **IVE + HDMTX**

SA (m²)
Height (m)
Weight (kg)

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

IVE

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=00Hhrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
1	T=02Hhrs	MESNA (1800mg/m ²)	mg	None	IV		Slow Bolus		/	/	Give mesna bolus dose prior to starting ifosfamide infusion
1	T=02Hhrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
1	T=hrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
2	T=hrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
2	T=02Hhrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
2	T=hrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
/ /	/ /	/ /	/ /
			Chart Id.:

Patient Details

Forename _____ Surname _____ Protocol **IVE + HDMTX**

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

NHS No _____ Ward _____

SA (m²)
 Height (m)
 Weight (kg)

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
3	T=00Hhrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
3	T=02Hhrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
3	T=hrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
4	T=00Hhrs	MESNA (5400mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		/	/	Start on completion of ifosfamide infusion.

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