

Patient Details

Forename		Surname		Protocol		ESCALATED BEACOPDAC		SA (m ²) Height (m) Weight (kg)	
Address									
DOB	Patient NO	Local No.		Course Name:		Escalated BEACOPDac SA>2.1m2 cycle 2+			
Consultant		Ward		Type of line		Diagnosis			
NHS No				No. of lumen:					

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m ²)						
ALA TRANSAM 1.5ULN	0.00	60.00	Day 1			
BILIRUBIN 1.5ULN	0.00	31.50	Day 1			
COCKCROFT (>60)	60.00	300.00	Day 1			
NEUTROPHILS > 1.0	1.00	15.00	Day 1			
PLATELETS > 80	80.00	600.00	Day 1			
WHITE BLOOD CELL > 2.5	2.50	11.00	Day 1			

Additional Prescribing Notes
 Doxorubicin and vincristine can cause pain and tissue necrosis if extravasated.

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	AKYNZEO 300MG/0.5MG (1capsule)	1 capsule		PO				/	/	To be given 60 minutes prior to chemotherapy
1	T=hrs	DOXORUBICIN (35mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=hrs	CYCLOPHOSPHAMIDE (1250mg/m ²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		/	/	

Allocated by:		Confirmed by:		Authorised by:		Checked by: (Pharmacist)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Parenteral</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Intrathecal</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Oral</td> <td style="text-align: right;">4</td> </tr> </table>		Parenteral	4	Intrathecal	0	Oral	4
Parenteral	4														
Intrathecal	0														
Oral	4														
Date:		Date:		Date:		Date:									

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NHS No	Ward			

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 Hrs at a rate 1000 ml/hr		/	/	
1	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		/	/	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
2	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		/	/	
2	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		/	/	
2	T=hrs	DACARBAZINE (250mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		/	/	
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	

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

Ward _____

NHS No _____

ESCALATED BEACOPDAC

Escalated BEACOPDac SA>2.1m2 cycle 2+

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=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		/	/	
3	T=hrs	ETOPOSIDE (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 0 ml/hr		/	/	
3	T=hrs	DACARBAZINE (250mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		/	/	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
8	T=hrs	VINCRISTINE (1.4mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Max dose: 2mg. Infuse over 5-10 minutes.
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
8	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	

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				Escalated BEACOPDac SA>2.1m2 cycle 2+
			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
8		BLEOMYCIN (10000unit/m ²)	unit	None	IV		Slow Bolus		/	/	
	T=hrs								Batch No.		

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Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

				Time	Date																	
Drug & dose	PREDNISOLONE																					
Actual dose	mg	Duration	14 DAYS																			
Route	PO	Start Date																				
Frequency	OD	Start Day	1																			
Quantity Dispensed		Dispensed by																				
		Accuracy check																				
Note																						
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	If pre-pack supplied record Batch Number : _____.																					

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DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

Record drug allergies or sensitivities

			Time	Date														
Drug & dose	CO-TRIMOXAZOLE																	
Actual dose	960 mg	Duration	21 DAYS															
Route	PO	Start Date																
Frequency	OD MWF	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken DAILY on Mondays, Wednesdays and Fridays. This is continuous treatment. If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ACICLOVIR																	
Actual dose	200 mg	Duration	21 DAYS															
Route	PO	Start Date																
Frequency	TDS	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.																	

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		Ward		
Address				

Record drug allergies or sensitivities

			Time	Date												
Drug & dose	RANITIDINE															
Actual dose	150 mg	Duration	21 DAYS													
Route	PO	Start Date														
Frequency	BD	Start Day	1													
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.															
Drug & dose	METOCLOPRAMIDE															
Actual dose	10 mg	Duration	PRN													
Route	PO	Start Date														
Frequency	TDS	Start Day	8													
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.															

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DOB	Patient NO	Local No.	NHS No											Weight (kg)
		Ward												
Address														

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	FILGRASTIM (G-CSF)																
Actual dose	microgram	Duration	5 DAYS														
Route	SC	Start Date															
Frequency	OD	Start Day	9														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	SUBCUTANEOUS BOLUS Discontinue when, after reaching nadir the WBC remains over 1.0 on 3 successive days																

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