Parenteral Cytotoxic Chart

Hospital Trust:_____

Patient Details

Forename   **Surname**

Address

DOB   Patient NO   Local No.

Consultant   Ward

NHS No

Protocol	ESCALATED BEACOPDAC
Course Name:	Escalated BEACOPDac SA<2.1m2 cycle 1

Type of line
No. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
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.

Doses capped at 2.1m/2

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				Batch No.		
1	T=hrs	AKYNZEO 300MG/0.5MG (1capsule)	1 capsule		PO				Batch No.		To be given 60 minutes prior to chemotherapy
1	T=hrs	**DOXORUBICIN** (35mg/m²)	mg	None	IV		Slow Bolus		Batch No.		
1	T=hrs	**CYCLOPHOSPHAMIDE** (1250mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		Batch No.		

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)		
Date:	Date:	Date:	Date:	Parenteral Intrathecal Oral	3 0 4

Hospital Trust:_____

Parenteral Cytotoxic Chart

Chemocare prescription v1.02

Patient Details

Forename   **Surname**

Address

Protocol	ESCALATED BEACOPDAC
Course Name:	Escalated BEACOPDac SA<2.1m2 cycle 1

DOB   Patient NO   Local No.

SA (m²)
Height (m)
Weight (kg)

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** (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		Batch No.		
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		
2	T=hrs	**DACARBAZINE** (250mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		Batch No.		
2	T=hrs	**ETOPOSIDE** (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		Batch No.		
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		
3	T=hrs	**DACARBAZINE** (250mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		Batch No.		
3	T=hrs	**ETOPOSIDE** (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		Batch No.		

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

Hospital Trust:_____

Parenteral Cytotoxic Chart

Chemocare prescription v1.02

Patient Details

Forename　　　　　　　　**Surname**

Address

DOB　　　　　Patient NO　　　　Local No.　　　Course Name:

Protocol	ESCALATED BEACOPDAC
Course Name:	Escalated BEACOPDac SA<2.1m2 cycle 1

SA (m²)
Height (m)
Weight (kg)

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	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				Batch No.		
8	T=hrs	**VINCRISTINE** (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				Batch No.		Max dose: 2mg. Infuse over 5-10 minutes.
8	T=hrs	FREE FLOWING INFUSION (100ml)	100 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		
8	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		Batch No.		
8	T=hrs	**BLEOMYCIN** (10000unit/m²)	unit	None	IV		Slow Bolus		Batch No.		

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

Patient Details

Forename		Surname		Protocol	ESCALATED BEACOPDAC		SA (m²)	
				Course Name	Escalated BEACOPDac SA<2.1m2 cycle 1		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** 14 DAYS																
Route	PO	**Start Date**																
Frequency	OD	**Start Day** 1																
Quantity Dispensed	**Dispensed by**																	
	Accuracy check																	
Note																		
Drug & dose	ALLOPURINOL																	
Actual dose	300 mg	**Duration** 7 DAYS																
Route	PO	**Start Date**																
Frequency	OD	**Start Day** 1																
Quantity Dispensed	**Dispensed by**																	
	Accuracy check																	
Note																		

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

Patient Details

Forename		Surname		Protocol	ESCALATED BEACOPDAC	SA (m²)	
				Course Name	Escalated BEACOPDac SA<2.1m2 cycle 1	Height (m)	
DOB		Patient NO	Local No.	NHS No		Weight (kg)	
			Ward				
Address							

Record drug allergies or sensitivities

		Time	Date															
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 :_____.																	
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 :_____.																	

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

Patient Details

Forename		Surname		Protocol	ESCALATED BEACOPDAC		SA (m²)	
				Course Name	Escalated BEACOPDac SA<2.1m2 cycle 1		Height (m)	
DOB		Patient NO		Local No.		NHS No	Weight (kg)	
				Ward				
Address								

Record drug allergies or sensitivities

		Time	Date																		
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 :_____.																				
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 :_____.																				

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

Patient Details

Forename		Surname		Protocol		ESCALATED BEACOPDAC	SA (m²)	
				Course Name		Escalated BEACOPDac SA<2.1m2 cycle 1	Height (m)	
DOB		Patient NO		Local No.		NHS No	Weight (kg)	
				Ward				
Address								

Record drug allergies or sensitivities

		Time	Date																	
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 :_____.																			
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																			

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