

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

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

Consultant \_\_\_\_\_ Ward \_\_\_\_\_

NHS No \_\_\_\_\_

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

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Protocol  
CVP LYMPHOMA

Course Name:  
CVP Non-hodgkins lymphoma

Type of line  
No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
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]				

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				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRISTINE (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9%  50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Date: \_\_\_\_\_

Checked by: (Pharmacist)

Date: \_\_\_\_\_

Parenteral

Intrathecal

Oral

1

0

2

Forename		Surname		Protocol	CVP LYMPHOMA								SA (m²)		
				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

Forename	Surname		Protocol	CVP LYMPHOMA					SA (m²)				
			Course Name	CVP Non-hodgkins lymphoma					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 : _____.																	

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