

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol

GDP

SA (m²)
Height (m)
Weight (kg)

Partial Prescription 0 of 2 Segments

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

GDP

Consultant _____ Ward _____ Type of line _____ No. of lumen: _____

Diagnosis _____

NHS No _____

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)				1.89	
Weight (kg)					
SA (m ²)					
ALA TRANSAM2.5ULN	0.00	100.00	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 > 100	100.00	600.00	Day [1]		
NEUTROPHILS > 0.5	0.50	15.00	Day [8]		
PLATELETS > 50	50.00	600.00	Day [8]		

Additional Prescribing Notes

Grade 3 toxicity & neutropenia sepsis dose reduce to:
Cisplatin 60mg/m² and gemcitabine 900mg/m².

If creatinine level increases by >20% from baseline for subsequent cycles, discuss with consultant.

For inpatient prescribe antiemetics and other ancillary non-cytotoxics on e-record

Day	Date and Time	Drug and dose (per m ²) 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	ONDANSETRON (8mg)	8 mg	None	PO				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	To be given 30 minutes before gemcitabine
1	T=:hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	To be given 30 minutes before gemcitabine
1	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Run concurrently with gemcitabine
1	T=hrs	GEMCITABINE (1000mg/m ²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Run concurrently with pre-hydration

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1"> <tr> <td>Parenteral</td> <td>2</td> </tr> <tr> <td>Intrathecal</td> <td>0</td> </tr> <tr> <td>Oral</td> <td>3</td> </tr> </table>	Parenteral	2	Intrathecal	0	Oral	3
Parenteral	2									
Intrathecal	0									
Oral	3									
Date:	Date:	Date:	Date:							
/ /	/ /	/ /	/ /							

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Partial Prescription 0 of 2 Segments

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

GDP

SA (m²)
Height (m)
Weight (kg)

GDP

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	CISPLATIN (75mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
1	T=hrs	MANNITOL 20% (0ml)	ml	None 100 ml	IV		Infuse over 10 Mins at a rate 600 ml/hr		/	/	Run concurrently with cisplatin
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		/	/	
8	T=hrs	GEMCITABINE (1000mg/m ²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		/	/	

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

Patient Details

Forename	Surname	Protocol	GDP										SA (m ²)	
		Course Name	GDP										Height (m)	
DOB	Patient NO	Local No.	NHS No											Weight (kg)
Consultant		Ward	Diagnosis											
Address														

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	DEXAMETHASONE																
Actual dose	40 mg	Duration	4 DAYS														
Route	PO	Start Date															
Frequency	OM	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Give first dose prior to chemotherapy																
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:
	//	//	//

Patient Details

Forename	Surname	Protocol	GDP										SA (m ²)	
		Course Name	GDP										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	METOCLOPRAMIDE																		
Actual dose	10 mg	Duration	PRN																
Route	PO	Start Date																	
Frequency	TDS	Start Day	8																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note	If pre-pack supplied record Batch Number : _____.																		

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		Course Name	GDP					Height (m)				
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																	

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