

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ NHS No _____

Protocol CHOEP 14 DAYS

Course Name: CHOEP + GCSF 14 day

Ward _____

Type of line _____ No. of lumen: _____

Diagnosis _____

SA (m²) _____
Height (m) _____
Weight (kg) _____

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance: 1) Consider stress ulcer PPI prophylaxis i.e. lansoprazole 2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.</div>
Height (m)							
Weight (kg)							
SA (m²)							
BILIRUBIN	0.00	21.00	Day [1]				
Cockcroft > 70mls/min	70.00	300.00	Day [1]				
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS > 80	80.00	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 (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (50mg/m²)	mg	None	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>	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by: _____ Date: ____/____/____

Confirmed by: _____ Date: ____/____/____

Authorised by: _____ Date: ____/____/____

Checked by: (Pharmacist) _____ Date: ____/____/____

Parenteral

Intrathecal

Oral

2

0

2

Patient Details

Forename

Surname

Protocol

CHOEP 14 DAYS

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

CHOEP + GCSF 14 day

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/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1.5 Hrs at a rate 667 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1.5 Hrs at a rate 667 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1.5 Hrs at a rate 667 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Patient Details

Forename	Surname		Protocol	CHOEP 14 DAYS					SA (m²)					
			Course Name	CHOEP + GCSF 14 day					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	100 mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Taken preferably in the morning.																	
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	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:	
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Patient Details

Forename	Surname		Protocol	CHOEP 14 DAYS					SA (m²)				
			Course Name	CHOEP + GCSF 14 day					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 : _____.																	
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose	microgram		Duration	10 DAYS														
Route	SC		Start Date															
Frequency	OD		Start Day	4														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS To be injected ONCE a day by subcutaneous injection on days 4 to 13.																	

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