



## Patient Details

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

Protocol **IVE + HDMTX**

SA (m<sup>2</sup>)  
Height (m)  
Weight (kg)

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: \_\_\_\_\_

**HD MTX 1500mg/m2**

Ward \_\_\_\_\_

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

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked

Additional Prescribing Notes
72 hours <2micromol/L
96 hours <0.2micromol/L

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	SODIUM BICARBONATE POLYFUSOR (102ml)	102 ml	Sodium Bicarb 8.4% 200 ml	IV		Infuse over 6 Hrs at a rate 33 ml/hr		/	/	Minimum of 6 hours of Sod. Bicarb prior to MTX infusion at a rate of 17ml/hr. Run concurrent with pre-hydration.
1	T=:hrs	PRE HYDRATION (Bag 1) (2000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr		/	/	Minimum of 6 hours of pre-hydration prior to MTX infusion.
1		PRE HYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr		/	/	
1	T=:hrs	METHOTREXATE (150mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 1 Hrs at a rate 100 ml/hr		/	/	Do NOT start unless urine pH>7. Run concurrent with hydration Note time MTX started & add date & times to folinic acid on prescription
1	T=:hrs	METHOTREXATE (1350mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 23 Hrs at a rate 43 ml/hr		/	/	Run concurrent with hydration. MTX should be stopped 24 hours after start of the 1st MTX infusion regardless of the dose given.
1	T=:hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV		Infuse over 24 Hrs at a rate 8.5 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with hydration.

<b>Allocated by:</b>  <b>Date:</b> / /	<b>Confirmed by:</b>  <b>Date:</b> / /	<b>Authorised by:</b>  <b>Date:</b> / /	<b>Checked by: (Pharmacist)</b>  <b>Date:</b> / /
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Trust location: \_\_\_\_\_

# Parenteral Cytotoxic Chart

## Patient Details

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

Protocol: IVE + HDMTX

SA (m<sup>2</sup>)  
Height (m)  
Weight (kg)

DOB: \_\_\_\_\_ Patient NO: \_\_\_\_\_ Local No.: \_\_\_\_\_ Course Name: \_\_\_\_\_

HD MTX 1500mg/m2

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	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4%  200 ml	IV				/	/	Use as notes above if needed.
1	T=:hrs	HYDRATION (Bag 1)  (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Run concurrent with MTX infusion and continue until MTX levels are <0.2micromol/L
1		HYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
1		HYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
1		HYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
2	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4%  200 ml	IV		Infuse over 24 Hrs at a rate 8.5 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.
2	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4%  200 ml	IV				/	/	Use as notes above if needed.

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

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

## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

Forename

Surname

Protocol

IVE + HDMTX

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DOB

Patient NO

Local No.

Course Name:

HD MTX 1500mg/m2

SA (m<sup>2</sup>)

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
2	T=hrs	POSTHYDRATION (Bag 1) (2000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L
2		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
2	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	First dose +36hrs after start of MTX infusion.
2	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+42hrs after start of MTX infusion. Measure MTX level at +48hrs.
2	T=:hrs	POSTHYDRATION (Bag 1) (2000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L
2		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
3	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+48hrs after start of MTX infusion. +48hr MTX level _____

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Date:	Date:	Date:	Date:
/ /	/ /	/ /	/ /

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## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

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Protocol

IVE + HDMTX

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DOB

Patient NO

Local No.

Course Name:

HD MTX 1500mg/m2

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

Ward

NHS No

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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	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+54hrs after start of MTX infusion.
3	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+60hrs after start of MTX infusion.
3	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+66hrs after start of MTX infusion. Measure MTX level at +72hrs.
3	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV		Infuse over 24 Hrs at a rate 8.5 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.
3	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
3	T=hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L
3		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	

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3		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
3		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
4	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+72hrs after start of MTX infusion. +72hr MTX level _____
4	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+78hrs after start of MTX infusion.
4	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+84hrs after start of MTX infusion.
4	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+90hrs after start of MTX infusion. Measure MTX level at +96hrs.
4	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV		Infuse over 24 Hrs at a rate 8.5 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.

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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
4	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
4	T=hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L
4		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
4		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
4		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
5	T=hrs	FOLINIC ACID (15mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	+96hrs after start of MTX infusion. +96hr MTX level _____

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