

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 2+

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>Doxorubicin and vincristine can cause pain and tissue necrosis if extravasated.</div>
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				

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

Allocated by: _____

Date: _____

Confirmed by: _____

Date: _____

Authorised by: _____

Date: _____

Checked by: (Pharmacist)

Date: _____

Parenteral

Intrathecal

Oral

4

0

4

Patient Details

ForenameSurnameProtocol

AddressDOBPatient NOLocal No.Course Name:

NHS No

ESCALATED BEACOPDAC

Escalated BEACOPDac SA>2.1m2 cycle 2+

SA (m²)
Height (m)
Weight (kg)

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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 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<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 Hrs at a rate 1000 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 Hrs at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DACARBAZINE (250mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<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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Course Name:

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Escalated BEACOPDAC

Escalated BEACOPDac SA>2.1m2 cycle 2+

SA (m²)
Height (m)
Weight (kg)

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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	ETOPOSIDE (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 1 Hrs at a rate 1000 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 Hrs at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	DACARBAZINE (250mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	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.
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

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SA (m²)
Height (m)
Weight (kg)

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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
8	T=hrs	BLEOMYCIN (10000unit/m²)	unit	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

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Date:

Checked by: (Pharmacist)

Date:

Patient Details

Forename	Surname		Protocol	ESCALATED BEACOPDAC										SA (m²)	
			Course Name	Escalated BEACOPDac SA>2.1m2 cycle 2+										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	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 :_____.																	

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

Patient Details

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			Course Name	Escalated BEACOPDac SA>2.1m2 cycle 2+					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
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 :_____.																	
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 :_____.																	

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Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	ESCALATED BEACOPDAC										SA (m²)		
			Course Name	Escalated BEACOPDac SA>2.1m2 cycle 2+										Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)			
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
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 : _____.																	
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 : _____.																	

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		Course Name	Escalated BEACOPDac SA>2.1m2 cycle 2+										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																							
	Discontinue when, after reaching nadir the WBC remains over 1.0 on 3 successive days																							

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Date:	Date:	Date:	Date:	