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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
1	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		 Batch No.		
1	T=00Hhrs	EPIRUBICIN (50mg/m²)	mg	None	IV		Slow Bolus		 Batch No.		
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div> <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> </div> <div>3 0 0</div>	
Date:			Date: / /		Date: / /		Date: / /			Chart Id.:	

Patient Details

Forename

Surname

Protocol

IVE + HDMTX

DOB

Patient NO

Local No.

Course Name: IVE

NHS No

Ward

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
1	T=00Hhrs	ETOPOSIDE (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=02Hhrs	MESNA (1800mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Give mesna bolus dose prior to starting ifosfamide infusion
1	T=02Hhrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA 2700mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA 2700mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ETOPOSIDE (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=02Hhrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA 2700mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA 2700mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:  
Date:

Confirmed by:  
Date: / /

Authorised by:  
Date: / /

Checked by: (Pharmacist)  
Date: / /  
Chart Id.:

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

NHS No

Course Name:

Ward

IVE + HDMTX

IVE

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=00Hhrs	ETOPOSIDE (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
3	T=02Hhrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA 2700mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
3	T=hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA 2700mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
4	T=00Hhrs	MESNA (5400mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Start on completion of ifosfamide infusion.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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