

Patient Details

Forename		Surname		Protocol		ESCALATED BEACOPDAC		SA (m ²) Height (m) Weight (kg)	
Address									
DOB	Patient NO	Local No.	Course Name:			Escalated BEACOPDac SA<2.1m2 cycle 2+			
Consultant		Ward	Type of line		Diagnosis				
				No. of lumen:					
NHS No									

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m ²)					
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			

Additional Prescribing Notes

Doxorubicin and vincristine can cause pain and tissue necrosis if extravasated.

Doses capped at 2.1m/2.

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				/	/	
1	T=hrs	AKYNZEO 300MG/0.5MG (1capsule)	1 capsule		PO				/	/	To be given 60 minutes prior to chemotherapy
1	T=hrs	DOXORUBICIN (35mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=hrs	CYCLOPHOSPHAMIDE (1250mg/m ²)	0 mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Parenteral</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Intrathecal</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Oral</td> <td style="text-align: right;">4</td> </tr> </table>	Parenteral	3	Intrathecal	0	Oral	4
Parenteral	3									
Intrathecal	0									
Oral	4									
Date:	Date:	Date:	Date:							

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Address _____

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

Ward _____

NHS No _____

ESCALATED BEACOPDAC

Escalated BEACOPDac SA<2.1m2 cycle 2+

SA (m²) _____

Height (m) _____

Weight (kg) _____

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 (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
2	T=hrs	DACARBAZINE (250mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		/	/	
2	T=hrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
3	T=hrs	DACARBAZINE (250mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		/	/	
3	T=hrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	

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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
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
8	T=hrs	VINCRIStINE (1.4mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Max dose: 2mg. Infuse over 5-10 minutes.
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
8	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	
8	T=hrs	BLEOMYCIN (10000unit/m ²)	unit	None	IV		Slow Bolus		/	/	

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		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 : _____.																			

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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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		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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Date:	Date:	Date:	Date:

