

## Chemocare prescription V1.01

Forename

Surname

## Protocol

## EVEROLIMUS+EXE

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

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Everolimus 10mg OD + Exemestane 25mg OD

Consultant

Ward

7 Type of line

No. of lumen:

## Diagnosis

Carcinoma of Breast

NHS No

### Additional Prescribing Notes

Patients must be registered with the CDF before commencing treatment.

Prescribe emollients separately if required

Non-infectious pneumonitis has been associated with everolimus. Assess at each visit and refer to pulmonologist if required.

Dose modification

1st episode

If ANC < 1 or Plts <75 delay until recovery and resume at 10mg

2nd episode +

If ANC < 1 or Plts <75 delay until recovery and resume at 5mg

If still not tolerated decrease to 5mg every other day

### Additional Prescribing Notes

Patients must be registered with the CDF before commencing treatment.

Prescribe emollients separately if required

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If still not tolerated decrease to 5mg every other day

Allocated by:

**Confirmed by:**

**Authorised by:**

Checked by: (Pharmacist)
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Date:

Date:

Date:

Date:

**Chart Id.:**

Parenteral

1

Intrathecal

0

Oral

2

Oral Prescription Chart

Patient Details

Forename	Surname		Protocol	EVEROLIMUS+EXE					SA (m²)				
			Course Name	Everolimus 10mg OD + Exemestane 25mg OD					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Carcinoma of Breast						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	EVEROLIMUS																	
Actual dose	10 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Please supply Afinitor brand. Patients must be registered with the CDF before commencing treatment.																	
Drug & dose	EXEMESTANE																	
Actual dose	25 mg		Duration															
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	

# Oral Prescription Chart

Patient Details

Forename	Surname		Protocol	EVEROLIMUS+EXE										SA (m²)		
			Course Name	Everolimus 10mg OD + Exemestane 25mg OD										Height (m)		
DOB	Patient NO		Local No.		NHS No										Weight (kg)	
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
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 : _____.																	
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg		Duration															
Route	PO		Start Date															
Frequency	PRN		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto a maximum of 8 cap/tabs in 24 hours. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	