

Forename

Surname

Protocol

CAPECITABINE BREAST

DOB

Patient NO

Local No.

Course Name:

CAPECITABINE 1250mg/m2 BD FOR 14 DAYS

Consultant

Ward

Type of line

Diagnosis

Carcinoma of Breast

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
BILIRUBIN 2 X ULN	0.00	42.00	Day [1]			
Cockcroft >50mls/min	50.00	300.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

If liver mets present ALTx5ULN

Capecitabine tablets should be swallowed with water within 30 minutes after a meal.

Capecitabine is available as 150mg and 500mg tablets.

Oral Prescription Chart

Chemocare prescription V1.06

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Patient Details

Forename	Surname		Protocol	CAPECITABINE BREAST										SA (m²)
			Course Name	CAPECITABINE 1250mg/m2 BD FOR 14 DAYS										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	CAPECITABINE																	
Actual dose		Duration	14 DAYS															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	500mg tabs- Take tabs each morning and each evening for 14 days. 150mg tabs- Take tabs each morning and each evening for 14 days. Supplyx 500mg Supplyx 150mg																	
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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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