

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

No. of lumen:

NHS No

Protocol

CMF STANDARD

CMF ALONE

Diagnosis

Carcinoma of Breast

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Folinic acid 30mg STAT dose to be given 24 hours post chemotherapy.

Previous Liver function tests to be reviewed before each dose, refer to prescriber if ALT >2.5ULN,or Bili >1.5ULN, or AST>2.5ULN. Results checked by _____

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	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CYCLOPHOSPHAMIDE (600mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	METHOTREXATE (40mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

Intrathecal

Oral

2

0

2

Parenteral Cytotoxic Chart

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Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

NHS No

Ward

CMF STANDARD

CMF ALONE

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	FLUOROURACIL (600mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
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	DEXAMETHASONE (8mg)	8 mg	None	PO				<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	CYCLOPHOSPHAMIDE (600mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	METHOTREXATE (40mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	FLUOROURACIL (600mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Oral Prescription Chart

Chemocare prescription V1.05

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Patient Details

Forename	Surname		Protocol	CMF STANDARD						SA (m²)				
			Course Name	CMF ALONE						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	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 : _____.																	
Drug & dose	CALCIUM FOLINATE(Folinic Acid)																	
Actual dose	30 mg	Duration																
Route	PO	Start Date																
Frequency	stat	Start Day	2															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Folinic acid to be taken 24 hours post chemotherapy.																	

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

Oral Prescription Chart

Patient Details

Forename	Surname		Protocol	CMF STANDARD					SA (m²)	
			Course Name	CMF ALONE					Height (m)	
DOB	Patient NO	Local No.		NHS No						Weight (kg)
		Ward								
Address										

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CALCIUM FOLINATE(Folinic Acid)																	
Actual dose	30 mg		Duration															
Route	PO		Start Date															
Frequency	stat		Start Day	9														
Quantity Dispensed	Dispensed by																	
	Accuracy check																	
Note	Folinic acid to be taken 24 hours post chemotherapy.																	

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