

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

ERIBULIN

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Eribulin 1.23mg/m2

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Carcinoma of Breast

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Patients must be registered with the CDF before commencing treatment.</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				
NEUTROPHILS > 1.5	1.50	15.00	Day [8]				
PLATELETS > 100	100.00	600.00	Day [8]				

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ERIBULIN (1.23mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 2-5 mins by fast IV infusion.
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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

2

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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Forename

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Protocol

ERIBULIN

DOB

Patient NO

Local No.

Course Name:

Eribulin 1.23mg/m2

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	ERIBULIN (1.23mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 2-5 mins by fast IV infusion.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Oral Prescription Chart

Patient Details

Forename	Surname		Protocol	ERIBULIN					SA (m²)	
			Course Name	Eribulin 1.23mg/m2					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	METOCLOPRAMIDE																	
Actual dose	10 mg	Duration	PRN															
Route	PO	Start Date																
Frequency	TDS	Start Day	8															
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)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	