

# Parenteral Cytotoxic Chart

Chemocare prescription V1.03

## Patient Details

Forename

Surname

Protocol

CAPECITABINE BREAST

DOB

Patient NO

Local No.

Course Name:

CAPECITABINE 1g/m2 BD FOR 14 DAYS

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Carcinoma of Breast

NHS No

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**  
Capecitabine tablets should be swallowed with water within 30 minutes after a meal.  
  
Capecitabine is available as 150mg and 500mg tablets.

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

1

# Oral Prescription Chart

Chemocare prescription V1.03

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## Patient Details

Forename	Surname		Protocol	CAPECITABINE BREAST				SA (m²)
			Course Name	CAPECITABINE 1g/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	2000 mg	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. Supply .....x 500mg    Supply .....x 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)	Chart Id.:
Date:	Date:	Date:	Date:	