

Parenteral Cytotoxic Chart

Chemocare prescription V1.07

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Consultant

NHS No

Protocol

Course Name:

Type of line
No. of lumen:

FEC-T + ZARZIO

FEC BREAST CA- from FEC-T

SA (m²)

Height (m)

Weight (kg)

Diagnosis

Carcinoma of Breast

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

CARDIAC TOXICITY: Refer to course description for cardiac monitoring requirements.
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 _____

Additional prescribing note
On last cycle of FEC prescribe dexamethasone pre-med for 1st cycle of docetaxel.
Dexamethasone 8mg TWICE a day for 3 days starting the day before the next cycle of chemotherapy.

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	APREPITANT (125mg)	125 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before chemotherapy
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<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>	

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

2

0

3

Parenteral Cytotoxic Chart

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Forename

Surname

Protocol

FEC-T + ZARZIO

DOB

Patient NO

Local No.

Course Name:

FEC BREAST CA- from FEC-T

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
1	T=hrs	EPIRUBICIN (100mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CYCLOPHOSPHAMIDE (500mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (500mg/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:

Chart Id.:

Patient Details

Forename	Surname		Protocol	FEC-T + ZARZIO					SA (m²)	
			Course Name	FEC BREAST CA- from FEC-T					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	ONDANSETRON																	
Actual dose	8 mg	Duration	FOUR DOSES															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg	Duration	TWO DOSES															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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

Oral Prescription Chart

Chemocare prescription V1.07

Patient Details

Forename	Surname		Protocol	FEC-T + ZARZIO					SA (m²)		
			Course Name	FEC BREAST CA- from FEC-T					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	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	APREPITANT																	
Actual dose	80 mg	Duration	2 DOSES															
Route	PO	Start Date																
Frequency	OD	Start Day	2															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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

Patient Details

Forename	Surname		Protocol	FEC-T + ZARZIO					SA (m²)		
			Course Name	FEC BREAST CA- from FEC-T					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose		Duration	7 DAYS															
Route	SC	Start Date																
Frequency	DAILY	Start Day	3															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS To be administered by subcutaneous injection starting 48 hours after chemotherapy as directed.																	

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