

Chemocare prescription V1.04

Surname

DOCETAXEL METASTATIC BREAST

Weight (kg)

Course Name:

DOCETAXEL 100mg/m² 3 weekly

Ward

Type of line

No. of lumen:

Diagnosis

Carcinoma of Breast

[illegible]

CA 15-3 LEVELS TO BE TAKEN AT BASELINE AND ON DAY 1 OF EACH CYCLE IF ELEVATED AT BASELINE.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	2
Date:	Date:	Date:	Date:	Intrathecal	0
			Chart Id.:	Oral	1

Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

Forename
A

Surname
Test

Protocol
DOCETAXEL METASTATIC BREAST

Anyroad,Anytown,
DOB

Patient NO

Local No.

Course Name:
DOCETAXEL 100mg/m2 3 weekly

NHS No

Ward

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	DOCETAXEL (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr	A	<div></div> <div>Batch No.</div>	<div></div>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	DOCETAXEL METASTATIC BREAST						SA (m²)		
			Course Name	DOCETAXEL 100mg/m2 3 weekly						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	DEXAMETHASONE																	
Actual dose	8 mg		Duration	3 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Starting the day before the next cycle of chemotherapy. If pre-pack supplied record Batch Number : _____.																	

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