

Forename

Surname

Protocol

DOCETAXEL & CYCLOPHOS (TC)

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Docetaxel 75mg/m²+Cyclophosphamide 600mg/m² (TC)

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

Carcinoma of Breast

NHS No

Additional Prescribing Notes

Additional prescribing requirements

Prescribe separately dexamethasone pre-med for cycle 1 only, subsequent pre-med doses will be supplied via chemocare.

Regime emetogenicity: Moderate. Prescribe antiemetics according to NCN guidelines.

*****Ensure premedication has been taken by patient before infusion is given. Prescribe Dexamethasone 20mg IV (in 100ml NS over 15 mins) before giving Docetaxel(TAXOTERE) if the patient has NOT taken pre-medication dexamethasone oral tablets on the day before chemotherapy*****

Monitor BP & PULSE before and @ 15 and 30 min after start.

ACUTE ALLERGIC REACTIONS MAY OCCUR .

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	2
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	2

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename
A

Surname
Anyroad,Anytown,

DOB

Patient NO

Local No.

Ward

NHS No

Protocol
DOCETAXEL & CYCLOPHOS (TC)

Course Name:
Docetaxel 75mg/m2+Cyclophosphamide 600mg/m2 (TC)

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	CYCLOPHOSPHAMIDE (600mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	DOCETAXEL (75mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		<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:

Patient Details

Forename	Surname		Protocol	DOCETAXEL & CYCLOPHOS (TC)					SA (m²)				
			Course Name	Docetaxel 75mg/m2+Cyclophosphamide 600mg/m2 (TC)					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	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
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)	
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	DOCETAXEL & CYCLOPHOS (TC)		SA (m²)	
			Course Name	Docetaxel 75mg/m2+Cyclophosphamide 600mg/m2 (TC)		Height (m)	
DOB	Patient NO	Local No.		NHS No			Weight (kg)
		Ward					
Address							

Record drug allergies or sensitivities

				Time	Date													
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	Start taking the day before next cycle of chemotherapy. If pre-pack supplied record Batch Number : _____.																	

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