Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Partial Prescription0 of2 Segments

Patient Details

Forename   Surname

Protocol	GEMCITABINE + CARBOPLATIN	SA (m²)

Height (m)
Weight (kg)

DOB   Patient NO   Local No.

Course Name:	Gemcitabine 1000mg/m2 + Carboplatin AUC 5

Consultant   Ward   Type of line
No. of lumen:

Diagnosis

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
CREATININE(max 130)	0.00	130.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
WHITE BLOOD CELL > 2.0	2.00	11.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 50	50.00	600.00	Day [8]			
WHITE BLOOD CELL > 2.0	2.00	11.00	Day [8]			

Additional Prescribing Notes

Carboplatin dose= (non normalised GFR +25) x AUC

Carboplatin dose must be based on an ACCURATE measure of GFR, ideally by EDTA or measured CrCl before 1st cycle and the GFR value and date of test documented in the chemocare treatment notes.
If creatinine level increases by >20% from the result used to calculate GFR consider repeating EDTA and discuss with consultant.

Pre-treatment EDTA GFR >40mls/min

Day 8 Dose Modification
If WBC <2 or ANC <1 or Plts <50 - omit day 8
If WBC >2, ANC >1 Plts >50 with no evidence of bleeding give full dose

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				Batch No.		
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				Batch No.		
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				Batch No.		

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

Parenteral	2
Intrathecal	0
Oral	2

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename _____ Surname _____

Partial Prescription0 of2 Segments

Protocol	GEMCITABINE + CARBOPLATIN

SA (m²)
Height (m)
Weight (kg)

DOB _____ Patient NO _____ Local No. _____ Course Name:

	Gemcitabine 1000mg/m2 + Carboplatin AUC 5

Ward _____

NHS No _____

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	**GEMCITABINE** (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		Batch No.		
1	T=hrs	**CARBOPLATIN** (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		Batch No.		
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				Batch No.		
8	T=hrs	**GEMCITABINE** (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		Batch No.		

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

Chart Id.:Preview

Patient Details

Forename		Surname		Protocol	GEMCITABINE + CARBOPLATIN		SA (m²)	
				Course Name	Gemcitabine 1000mg/m2 + Carboplatin AUC 5		Height (m)	
DOB		Patient NO	Local No.		NHS No		Weight (kg)	
Consultant			Ward		Diagnosis			
Address								

Record drug allergies or sensitivities

		Time	Date													
Drug & dose	DEXAMETHASONE															
Actual dose	4 mg	**Duration** 1 DAY														
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	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: / /	**Chart Id.:Preview**

Patient Details

Forename		Surname		Protocol	GEMCITABINE + CARBOPLATIN		SA (m²)	
				Course Name	Gemcitabine 1000mg/m2 + Carboplatin AUC 5		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	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)	
Date:	Date: / /	Date: / /	Date: / /	Chart Id.:Preview