

Parenteral Cytotoxic Chart

Chemocare prescription V1.00

Patient Details

Forename

Surname

Protocol

ABRAXANE

DOB

Patient NO

Local No.

Course Name:

Nab-Paclitaxel 260mg/m2

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Carcinoma of Breast

NHS No

SA (m²)

Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes Abraxane - Paclitaxel formulated as albumin bound nanoparticles. Administer abraxane using an infusion set containing a 15µm filter. Give until disease progression or unacceptable side-effects.</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				

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><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	
1	T=hrs	ABRAXANE (NAB-PACLITAXEL) (260mg/m²)	mg	SODIUM CHLORIDE 0.9% 104 ml	IV		Infuse over 30 Mins at a rate 208 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div>Batch No.</div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

Oral Prescription Chart

Patient Details

Forename	Surname		Protocol	ABRAXANE					SA (m²)		
			Course Name	Nab-Paclitaxel 260mg/m2					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 : _____.																	

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