

Patient Details

Forename

Surname

Protocol

GEMCITABINE +CARBOPLATIN AUC 2

Address

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Gemcitabine 800mg/m2 + Carboplatin AUC 2

Consultant

Ward

Type of line

Diagnosis

Carcinoma of Breast

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes 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 baseline consider repeating EDTA and discuss with consultant. Delay 1 week on Day 1 if: ANC <1.5 and/ or Plts <100</div>
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				

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	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>	
1	T=hrs	GEMCITABINE (800mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div>Parenteral2</div> <div>Intrathecal0</div> <div>Oral2</div>	
Date:			Date:		Date:		Date:				

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Gemcitabine 800mg/m2 + Carboplatin AUC 2

SA (m²)

Height (m)

Weight (kg)

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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	CARBOPLATIN (AUC2)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Forename	Surname		Protocol									SA (m²)	
			Course Name	Gemcitabine 800mg/m2 + Carboplatin AUC 2								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	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:	

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			Course Name	Gemcitabine 800mg/m2 + Carboplatin AUC 2					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 : _____.																	

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