

Parenteral Cytotoxic Chart

Chemocare prescription V1.00

Patient Details

Forename

Surname

Protocol

EPIRUBICIN 30 WEEKLY

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

EPI 30 META BREAST CA

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Carcinoma of Breast

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [15]			
PLATELETS > 100	100.00	600.00	Day [15]			

**Additional Prescribing Notes**

Previous Liver function tests to be reviewed before each dose, refer to prescriber if ALT >2.5ULN,or Bili >1.5ULN, or AST>2.5ULN. Results checked by \_\_\_\_\_

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	DEXAMETHASONE (8mg)	8 mg	None	PO				<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	EPIRUBICIN (30mg/m²)	mg	None	IV		Slow Bolus	A	<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

3

0

5

Date:

Date:

Date:

Date:

Chart Id.:Preview

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

Ward

NHS No

Partial Prescription0 of3 Segments

EPIRUBICIN 30 WEEKLY

EPI 30 META BREAST CA

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
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	EPIRUBICIN (30mg/m²)	mg	None	IV		Slow Bolus	A	<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

NHS No

Protocol

Course Name:

Ward

Partial Prescription0 of3 Segments

EPIRUBICIN 30 WEEKLY

EPI 30 META BREAST CA

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
15	T=hrs	EPIRUBICIN  (30mg/m²)	mg	None	IV		Slow Bolus	A	<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

Patient Details

Forename	Surname		Protocol	EPIRUBICIN 30 WEEKLY					SA (m²)		
			Course Name	EPI 30 META BREAST CA					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	ONDANSETRON																	
Actual dose	8 mg	Duration	FOUR DOSES															
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	DEXAMETHASONE																	
Actual dose	4 mg	Duration	TWO DOSES															
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)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
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# Oral Prescription Chart

## Patient Details

Forename	Surname		Protocol	EPIRUBICIN 30 WEEKLY										SA (m²)					
			Course Name	EPI 30 META BREAST CA										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	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	FOUR DOSES														
Route	PO		Start Date															
Frequency	BD		Start Day	8														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Oral Prescription Chart

Patient Details

Forename	Surname	Protocol	EPIRUBICIN 30 WEEKLY										SA (m²)			
A	Test	Course Name	EPI 30 META BREAST CA										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	4 mg	Duration	TWO DOSES															
Route	PO	Start Date																
Frequency	BD	Start Day	8															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	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	If pre-pack supplied record Batch Number : _____.																	

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

# Oral Prescription Chart

Chemocare prescription V1.00

## Patient Details

Forename	Surname		Protocol	EPIRUBICIN 30 WEEKLY										SA (m²)		
			Course Name	EPI 30 META BREAST CA										Height (m)		
DOB	Patient NO		Local No.		NHS No										Weight (kg)	
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	FOUR DOSES														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	TWO DOSES														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	EPIRUBICIN 30 WEEKLY										SA (m²)		
			Course Name	EPI 30 META BREAST CA										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	15														
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.:Preview
Date:	Date:	Date:	Date:	
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