

Chemocare prescription V1.01

Forename

Surname

Protocol

PERTUZUMAB + TD SPLIT DAY

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Pertuzumab, Trastuzumab, Docetaxel (Loading)

Consultant

Ward

7 Type of line

SINGLE LINE

Diagnosis

Carcinoma of Breast

NHS No

[illegible]

Additional Prescribing Notes

Patients must be registered with the CDF before commencing treatment.

*****Ensure premedication has been taken by patient before infusion is given. Prescribe Dexamethasone 20mg IV (in 100ml sodium chloride 0.9% over 15 mins) before giving Docetaxel if the patient has NOT taken pre-medication dexamethasone oral tablets on the day before chemotherapy*****

Pertuzumab has been associated with infusion and hypersensitivity reactions .Close observation of the patient during and for 60 minutes after the first infusion and during and for 30-60 minutes after subsequent infusions is recommended .

Trastuzumab:
MUGA scan required prior to day 1 and then every 4 months during treatment.

For the management of cardio toxicity refer to NCI Guidelines British Journal of Cancer (2009) 100, 684-692

CAUTION: Patients should be observed for at least six hours after the start of the first infusion and for two hours after the start of the subsequent infusions for symptoms of hypersensitivity.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

2

Intrathecal

0

Oral

1

Parenteral Cytotoxic Chart

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Docetaxel: Monitor BP & Pulse before and @ 15 and 30 min after start of, ACUTE ALLERGIC REACTIONS MAY OCCUR.</div>

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	PERTUZUMAB (840mg)	840 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>	After infusion observe for 30-60 mins before starting next infusion.
1	T=:hrs	TRASTUZUMAB (8mg/kg)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	MUGA scan required prior to day 1 and then every 4 months during treatment
2	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
2	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 at 15 and 30 min after start. ACUTE ALLERGIC REACTIONS MAY OCCUR

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	PERTUZUMAB + TD SPLIT DAY					SA (m²)				
			Course Name	Pertuzumab, Trastuzumab, Docetaxel (Loading)					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	DEXAMETHASONE																	
Actual dose	8 mg		Duration	3 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Starting the day before next cycle of chemotherapy. If pre-pack supplied record Batch Number : _____.																	

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