

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

MAYO + BEVACIZUMAB colorectal

SA (m²)

DOB

Patient NO

Local No.

Course Name:

MAYO+Bevacizumab 2wkly COLORECTAL

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

Weight (kg)

NHS No







Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
ALK PHOSPH 2.5ULN	30.00	325.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [15]			
PLATELETS> 75	75.00	600.00	Day [15]			

Additional Prescribing Notes

Bevacizumab initial dose should be administered over 90 minutes, if well tolerated the second dose should be administered over 60 minutes and if well tolerated subsequent infusions should be administered over 30 minutes. Final concentration of bevacizumab in sodium chloride 0.9% should be between 1.4mg/ml and 16.5mg/ml

Bevacizumab is incompatible with glucose 5%, flush with sodium chloride 0.9%

Blood pressure and proteinuria by dipstick analysis should be monitored prior to each initial treatment and dose of bevacizumab

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	BEVACIZUMAB (5mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				 Batch No.		1st dose over 90 minutes then if well tolerated 2nd dose over 60 minutes then if well tolerated subsequent doses over 30 minutes
1	T=hrs	FOLINIC ACID (20mg/m²)	mg	None	IV		Slow Bolus		 Batch No.		

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

4

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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MAYO + BEVACIZUMAB colorectal

DOB

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Course Name:

MAYO+Bevacizumab 2wkly COLORECTAL

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FOLINIC ACID (20mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FOLINIC ACID (20mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

MAYO + BEVACIZUMAB colorectal

DOB

Patient NO

Local No.

Course Name:

MAYO+Bevacizumab 2wkly COLORECTAL

NHS No

Ward

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
4	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	FOLINIC ACID (20mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
5	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
5	T=hrs	FOLINIC ACID (20mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
5	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<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>	

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Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename

Surname

Protocol

MAYO + BEVACIZUMAB colorectal

DOB

Patient NO

Local No.

Course Name:

MAYO+Bevacizumab 2wkly COLORECTAL (1)

NHS No

Ward

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	BEVACIZUMAB (5mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	1st dose over 90 minutes then if well tolerated 2nd dose over 60 minutes then if well tolerated subsequent doses over 30 minutes

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	MAYO + BEVICIZUMAB colorectal					SA (m²)		
			Course Name	MAYO+Bevacizumab 2wkly COLORECTAL					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
Consultant		Ward		Diagnosis							
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration															
Route	PO		Start Date															
Frequency	TDS PRN		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)	Chart Id.:
Date:	Date:	Date:	Date:	
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