

Patient Details

Forename

Surname

Protocol

FOLFIRI+ CETUXIMAB 2 WKLY

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

FOLFIRI and 2 wkly Cetuximab 500mg/m2 cycle 2+

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

NHS No

[illegible]

Additional Prescribing Notes

Cetuximab:

First infusion to be given over 2 hours. Subsequent infusions to be given over at least 1 hour providing a maximum infusion rate of 10mg/min is not exceeded.

Monitor for signs of hypersensitivity during and for 1 hour after infusion is complete.

Cetuximab given every 2 weeks is unlicensed therefore it is used with the prescriber accepting responsibility for any drug reactions

Irinotecan

Warning: acute cholinergic symptoms & delayed diarrhoea can occur.

ACUTE CHOLINERGIC SYNDROME: If acute cholinergic symptoms appear administer atropine sulphate 0.25mg subcutaneously, unless clinically contraindicated, and prophylactically before subsequent doses of irinotecan.

DELAYED DIARRHOEA: Patients should be made aware of the risk of delayed diarrhoea occurring more than 24hours after the administration of irinotecan and at any time before the next cycle. They should quickly inform the physician of its occurrence and start appropriate therapy immediately.

Loperamide and Ciprofloxacin prescribed with course 1, if further supply required prescribe separately.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

3

Intrathecal

0

Oral

2

Parenteral Cytotoxic Chart

Chemocare prescription V1.07

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






Height (m)

Weight (kg)

NHS No

Ward

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes LIVER DYSFUNCTION: If Bilirubin >1.5-3.0 ULN discuss with consultant -consider 50% dose reduction. If bilirubin >3.0ULN contraindicated.

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	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		 Batch No.		
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				 Batch No.		
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg	None	IV		Slow Bolus		 Batch No.		
1	T=hrs	CETUXIMAB (500mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				 Batch No.		See additional prescribing note for infusion rate information
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				 Batch No.		FLUSH VARIABLE VOLUME Wait one hour after end of cetuximab infusion before administering FOLFIRI.
1	T=hrs	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		 Batch No.		Administer ONLY if acute cholinergic symptoms appear OR have previously appeared.

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Parenteral Cytotoxic Chart

Chemocare prescription V1.07

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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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	IRINOTECAN (180mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	RUN CONCURRENTLY WITH FOLINIC ACID
1	T=hrs	FOLINIC ACID (300mg)	300 mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	RUN CONCURRENTLY WITH IRINOTECAN
1	T=hrs	FLUOROURACIL (400mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (2400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 46 Hrs at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	INFUSOR 2.5ML/HR

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Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
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 : _____.																	
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 : _____.																	

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		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 : _____.																	

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