

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

CAPOX & BEVACIZUMAB

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Oxaliplatin+ Capecitabine (CAPOX) & Bevacizumab

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN 2 X ULN	0.00	42.00	day [1]			
Cockcroft >50mls/min	50.00	300.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

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	BEVACIZUMAB (7.5mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	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	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9% 20 ml	IV				<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	FLUSH VARIABLE VOLUME
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

2

0

2

Date:

Date:

Date:

Date:

Chart Id.:

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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=00Hhrs	DEXAMETHASONE (8mg)	8 mg	None	PO			A	<div></div> <div>Batch No.</div>	<div></div>	
1	T=15Mhrs	OXALIPLATIN (130mg/m²)	mg	Glucose 5% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr	A	<div></div> <div>Batch No.</div>	<div></div>	

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Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	CAPOX & BEVICIZUMAB						SA (m²)				
			Course Name	Oxaliplatin+ Capecitabine (CAPOX) & Bevacizumab						Height (m)				
DOB	Patient NO		Local No.		NHS No						Weight (kg)			
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CAPECITABINE																	
Actual dose			Duration	14 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	500mg tabs- Take tabs each morning and each evening for 14 days. 150mg tabs- Take tabs each morning and each evening for 14 days. Supplyx 500mg Supplyx 150mg																	
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)	Chart Id.:
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	CAPOX & BEVACIZUMAB					SA (m²)		
			Course Name	Oxaliplatin+ Capecitabine (CAPOX) & Bevacizumab					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 : _____.																	
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 : _____.																	

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