Parenteral Cytotoxic Chart

Chemocare prescription V1.06

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Consultant

Ward

NHS No

Protocol: FOLFIRI & BEVACIZUMAB

Course Name: Irinotecan/DeGramont (folfiri) & bevacizumab C2+

Type of line
No. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

Additional Prescribing Notes

Irinotecan
Warning: acute cholinergic symptoms & delayed diarrhoea occur with this agent.

ACUTE CHOLINERGIC SYDROME: If acute cholinergic syndrome appears (defined as early diarrhoea plus symptoms such as sweating, abdominal cramping, lachrymation, myosis and salivation), atropine sulphate (0.25mg subcutaneously) should be administered unless clinically contraindicated. In patients who experience an acute and severe cholinergic syndrome, the use of prophylactic atropine sulphate is recommended with 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 prescribed with course 1, if further supply required prescribe separately.

LIVER DYSFUNCTION: If Bilirubin >1.5-3.0 ULN discuss with consultant -consider 50% dose reduction. If bilirubin >3.0ULN contraindicated.

Bevacizumab initial dose should be administered over 90 minutes, if well tolerated the second dose should be

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

Parenteral	3
Intrathecal	0
Oral	2

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SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked

Additional Prescribing Notes

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 incompatable with glucose 5%, flush with sodium chloride 0.9%

Blood pressure and proteinuria by dipstick analysis should be monitered 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 (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	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		FLUSH VARIABLE VOLUME
1	T=hrs	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		Batch No.		Administer ONLY if acute cholinergic syndrome appear OR have previously appeared.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	Glucose 5%	IV				Batch No.		

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Protocol: FOLFIRI & BEVACIZUMAB

DOB | Patient NO | Local No. | Course Name: Irinotecan/DeGramont (folfiri) & bevacizumab C2+

SA (m²)
Height (m)
Weight (kg)

Ward

NHS No

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

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		Course Name	Irinotecan/DeGramont (folfiri) & bevacizumab C2+	**Height (m)**
DOB	**Patient NO**	**Local No.**	**NHS No**	**Weight (kg)**
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 :_____.																	

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

Patient Details

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		Course Name	Irinotecan/DeGramont (folfiri) & bevacizumab C2+ (1)	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 :_____.																	

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Date:	Date: / /	Date: / /	Date: / /	Chart Id.: