

Patient Details

Forename

Surname

Protocol

IRINOTECAN SINGLE AGENT

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Irinotecan single agent 3 weekly (C1)

Consultant

Ward

7 Type of line

SINGLE LINE

Diagnosis

NHS No

[illegible]

Additional Prescribing Notes





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

ACUTE CHOLINERGIC SYNDROME: If acute cholinergic syndrome appears (defined as early diarrhoea + symptoms

such as sweating, abdominal cramping, lachrymation, myosis and salivation), atropine sulphate (0.25mg subcut.) 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.

LIVER DYSFUNCTION: If bilirubin 1.5- 3.0 ULN reduce dose to 200mg/m2. If BILIRUBIN >3.0 ULN Irinotecan contra indicated.

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	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		 Batch No.		Administer as SUBCUTANEOUS INJECTION ONLY IF acute cholinergic syndrome appears OR has previously appeared.	
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				 Batch No.			
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div>	2 0 3
Date:			Date:		Date:		Date:					

Parenteral Cytotoxic Chart

Chemocare prescription V1.07

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1	T=:hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	IRINOTECAN (350mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<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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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	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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DOB	Patient NO	Local No.		NHS No							Weight (kg)		
		Ward											
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	LOPERAMIDE																	
Actual dose	2 mg		Duration															
Route	PO		Start Date															
Frequency	SEE NOTE		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg every 2 hours upto a maximum of 16 tabs/caps in 24 hours. 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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DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CIPROFLOXACIN																	
Actual dose	250 mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken only in the event of diarrhoea and following advice of oncology unit staff. If pre-pack supplied record Batch Number : _____.																	

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