

Parenteral Cytotoxic Chart

Chemocare prescription V1.08

Patient Details

Forename

Surname

Protocol

5 FU + FOL MAYO

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

5FU MAYO COLORECTAL

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

| Monitoring | Acceptable Range | | Date Due | Date of Test | Value | Checked | Additional Prescribing Notes |
|-------------------|------------------|--------|----------|--------------|-------|---------|------------------------------|
| 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 > 1.5 | 1.50 | 15.00 | Day [1] | | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day [1] | | | | |
| | | | | | | | |

| 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 | | | | <div></div> <div>Batch No.</div> | <div></div> | |
| 1 | T=hrs | FOLINIC ACID (20mg/m²) | mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 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> | |

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

3

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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DOB

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5FU MAYO 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 |
|-----|---------------|---|-------------|---------------------------------|-------|-----------|--------------------|------|----------------------------------|------------------|----------|
| 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> | |
| 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> | |

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Confirmed by:

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Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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DOB

Patient NO

Local No.

NHS No

Protocol

5 FU + FOL MAYO

Course Name:

5FU MAYO COLORECTAL

Ward

SA (m²)

Height (m)

Weight (kg)

Page:3 of 4

| 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 |
|-----|---------------|---|-------------|---------------------------------|-------|-----------|--------------------|------|----------------------------------|------------------|----------|
| 5 | 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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Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

/ /

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/ /

Patient Details

| | | | | | | | | | | | |
|------------|------------|-----------|-------------|---------------------|--|--|--|--|------------|-------------|--|
| Forename | Surname | | Protocol | 5 FU + FOL MAYO | | | | | SA (m²) | | |
| | | | Course Name | 5FU MAYO 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: | |
| / / | / / | / / | / / | |