

Chemocare prescription V1.07

Surname

Protocol

FOLFIRI

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Irinotecan/de gramont (folfiri) course 1

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

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 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.

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

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	2
Date:	Date:	Date:	Date:	Intrathecal	0
	/ /	/ /	/ /	Oral	3
			Chart Id.:		

Parenteral Cytotoxic Chart

Chemocare prescription V1.07

Patient Details

Forename

Surname

Protocol

FOLFIRI

DOB

Patient NO

Local No.

Course Name:

Irinotecan/de gramont (folfiri) course 1

NHS No

Ward

SA (m²)

Height (m)

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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	DEXAMETHASONE (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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Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	FOLFIRI					SA (m²)				
			Course Name	Irinotecan/de gramont (folfiri) course 1					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
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 : _____.																	
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	FOLFIRI					SA (m²)				
			Course Name	Irinotecan/de gramont (folfiri) course 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	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	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 : _____.																	

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Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	FOLFIRI										SA (m²)		
			Course Name	Irinotecan/de gramont (folfiri) course 1										Height (m)		
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 MDU		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:	
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