

# Parenteral Cytotoxic Chart

Chemocare prescription V1.03

## Patient Details

Forename

Surname

Protocol

FOLFOX & BEVACIZUMAB

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

Diagnosis

NHS No

No. of lumen:

SA (m²)

Height (m)

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]			
CREATININE 1.5ULN	0.00	200.00	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 INCOMPATABLE with glucose 5%, flush with sodium chloride 0.9%

Oxaliplatin is INCOMPATABLE with sodium chloride 0.9%, flush with glucose 5%

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 (5mg/kg)	312.5 mg	SODIUM CHLORIDE 0.9%  100 ml	IV				<div></div> <div>Batch No.</div>	<div></div> <div></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 (500ml)	500 ml	SODIUM CHLORIDE 0.9%  500 ml	IV				<div></div> <div>Batch No.</div>	<div></div> <div></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></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

3

0

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Chemocare prescription V1.03

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Protocol

FOLFOX & BEVACIZUMAB

DOB

Patient NO

Local No.

Course Name:

Oxaliplat/DeGramont (Folfox) & Bevacizumab

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

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	FOLINIC ACID (300mg)	300 mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr	a	<div></div> <div>Batch No.</div>	<div></div>	RUN CONCURRENTLY WITH OXALIPLATIN
1	T=hrs	OXALIPLATIN (85mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr	b	<div></div> <div>Batch No.</div>	<div></div>	RUN CONCURRENTLY WITH FOLINIC ACID
1	T=hrs	FLUSH (500ml)	500 ml	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (400mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

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Date:

Date:

Date:

Date:

Chart Id.:

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# Parenteral Cytotoxic Chart

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## Patient Details

Forename

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Protocol

FOLFOX & BEVACIZUMAB

DOB

Patient NO

Local No.

Course Name:

Oxaliplat/DeGramont (Folfox) & Bevacizumab

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

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	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

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

## Patient Details

Forename	Surname		Protocol	FOLFOX & BEVACIZUMAB					SA (m²)		
			Course Name	Oxaliplat/DeGramont (Folfox) & 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	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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Patient Details

Forename	Surname		Protocol	FOLFOX & BEVACIZUMAB					SA (m²)				
			Course Name	Oxaliplat/DeGramont (Folfox) & Bevacizumab					Height (m)				
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 : _____.																	

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