

Chemocare prescription V1.02

Forename

Surname

Protocol

FOLFIRI + PANITUMUMAB

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

FOLFIRI and Panitumumab C2

Consultant

Ward

7 Type of line

SINGLE LINE

Diagnosis

NHS No

Additional Prescribing Notes

Panitumumab

The final concentration should not exceed 10mg/ml. It should be administered via low-protein binding 0.2 or 0.22 micrometer in-line filter.

The first infusion should be administered over 60 mins. If tolerated subsequent infusions may be administered over 30-60 mins. Doses greater than 1000mg administer over 90 mins.

Irinotecan

Warning: acute cholinergic symptoms & delayed diarrhoea can occur.

ACUTE CHOLINERGIC SYNDROME: If acute cholinergic symptoms appear administer atropine sulphate 0.25mg subcutaneously, unless clinically contraindicated, and prophylactically before 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.

[illegible]

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
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div> <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> </div> <div>303</div>	
Date:			Date:		Date:		Date:			Chart Id.:	
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Parenteral Cytotoxic Chart

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1	T=hrs	PANITUMUMAB (6mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes.
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	FLUSH (0ml)	0 ml	Glucose 5% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Administer ONLY if acute cholinergic symptoms appear OR have previously appeared.
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

Allocated by:

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Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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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	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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Patient Details

Forename	Surname		Protocol	FOLFIRI + PANITUMUMAB					SA (m²)		
			Course Name	FOLFIRI and Panitumumab 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)	Chart Id.:
Date:	Date:	Date:	Date:	
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Patient Details

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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 : _____.																	
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg	Duration																
Route	PO	Start Date																
Frequency	PRN	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg every 2 hours to a maximum of 32mg in 24 hours. If pre-pack supplied record Batch Number : _____.																	

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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 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 : _____.																	

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Date:	Date:	Date:	Date:	
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