

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

CONTINUOUS 5FU + RADIOTHERAPY

DOB

Patient NO

Local No.

Course Name:

5fu 200mg/m2/day for 6 weeks, with radiotherapy

SA (m²)
Height (m)
Weight (kg)

Consultant

NHS No

Ward

Type of line
No. of lumen:

Diagnosis

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							

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 (1400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr
8	T=hrs	FLUOROURACIL (1400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr
15	T=hrs	FLUOROURACIL (1400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr
22	T=hrs	FLUOROURACIL (1400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr
29	T=hrs	FLUOROURACIL (1400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

2

0

3

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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
36	T=hrs	FLUOROURACIL (1400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	CONTINUOUS 5FU + RADIOTHERAPY						SA (m²)			
			Course Name	5fu 200mg/m2/day for 6 weeks, with radiotherapy						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 : _____.																
Drug & dose	METOCLOPRAMIDE																
Actual dose	10 mg		Duration														
Route	PO		Start Date														
Frequency	TDS PRN		Start Day	8													
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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CONTINOUS + 5FU RADIOTHERAPY					SA (m²)				
			Course Name	5fu 200mg/m2/day for 6 weeks, with radiotherapy					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														
Route	PO		Start Date														
Frequency	TDS PRN		Start Day	15													
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	METOCLOPRAMIDE																
Actual dose	10 mg		Duration														
Route	PO		Start Date														
Frequency	TDS PRN		Start Day	22													
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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CONTINOUS + 5FU RADIOTHERAPY					SA (m²)				
			Course Name	5fu 200mg/m2/day for 6 weeks, with radiotherapy					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														
Route	PO		Start Date														
Frequency	TDS PRN		Start Day	29													
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	METOCLOPRAMIDE																
Actual dose	10 mg		Duration														
Route	PO		Start Date														
Frequency	TDS PRN		Start Day	36													
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:	
/ /	/ /	/ /	/ /	