

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename

Surname

Protocol

CAPECITABINE 2-2.5G/M2

DOB

Patient NO

Local No.

Course Name:

CAPECITABINE 1250mg/m2 BD x 14 DAYS

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
Cockcroft >50mls/min	50.00	300.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

Additional Prescribing Notes
Capecitabine is available as 150mg and 500mg tablets.

Dose Modification
Cockcroft 30-50mls/min- 25% reduction
Cockcroft <30mls- withhold treatment

Allocated by:
Date:

Confirmed by:
Date:
/ /

Authorised by:
Date:
/ /

Checked by: (Pharmacist)
Date:
/ /

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

1

Patient Details

Forename	Surname		Protocol	CAPECITABINE 2-2.5G/M2										SA (m²)	
			Course Name	CAPECITABINE 1250mg/m2 BD x 14 DAYS										Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant			Ward		Diagnosis										
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CAPECITABINE																	
Actual dose			Duration	14 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	500mg tabs- Take tabs each morning and each evening for 14 days. 150mg tabs- Take tabs each morning and each evening for 14 days. Supplyx 500mg Supplyx 150mg																	
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:	
/ /	/ /	/ /	/ /	