

# Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

Forename

Surname

Protocol

4FU + FOL YORKSHIRE/SEYMOUR

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

No. of lumen:

NHS No

Diagnosis

SA (m²)

Height (m)

Weight (kg)

| Monitoring        | Acceptable Range |        | Date Due | Date of Test | Value | Checked | Additional Prescribing Notes |
|-------------------|------------------|--------|----------|--------------|-------|---------|------------------------------|
| Height (m)        |                  |        |          |              |       |         |                              |
| Weight (kg)       |                  |        |          |              |       |         |                              |
| SA (m²)           |                  |        |          |              |       |         |                              |
| ALA TRANSAM2.5ULN | 0.00             | 100.00 | Day [1]  |              |       |         |                              |
| BILIRUBIN 1.5ULN  | 0.00             | 31.50  | Day [1]  |              |       |         |                              |
| NEUTROPHILS > 1.0 | 1.00             | 15.00  | Day [1]  |              |       |         |                              |
| PLATELETS> 75     | 75.00            | 600.00 | Day [1]  |              |       |         |                              |
|                   |                  |        |          |              |       |         |                              |
|                   |                  |        |          |              |       |         |                              |

| 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         | FREE FLOWING INFUSION                   | 500           | SODIUM CHLORIDE 0.9%            | IV             |           |                          |      | <div></div>       | <div></div>      |   |
|               |               | (500ml)                                 | ml            | Batch No.                       |                |           |                          |      |                   |                  |   |
| 1             | T=hrs         | FOLINIC ACID                            | 50            | None                            | IV             |           | Slow Bolus               |      | <div></div>       | <div></div>      |   |
|               |               | (50mg)                                  | mg            | Batch No.                       |                |           |                          |      |                   |                  |   |
| 1             | T=hrs         | FLUOROURACIL                            |               | None                            | IV             |           | Slow Bolus               |      | <div></div>       | <div></div>      |   |
|               |               | (425mg/m²)                              | mg            | Batch No.                       |                |           |                          |      |                   |                  |   |
| 8             | T=hrs         | FREE FLOWING INFUSION                   | 500           | SODIUM CHLORIDE 0.9%            | IV             |           |                          |      | <div></div>       | <div></div>      |   |
|               |               | (500ml)                                 | ml            | Batch No.                       |                |           |                          |      |                   |                  |   |
| 8             | T=hrs         | FOLINIC ACID                            | 50            | None                            | IV             |           | Slow Bolus               |      | <div></div>       | <div></div>      |   |
|               |               | (50mg)                                  | mg            | Batch No.                       |                |           |                          |      |                   |                  |   |
| Allocated by: |               |   | Confirmed by: |                                 | Authorised by: |           | Checked by: (Pharmacist) |      |                   |                  | <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> <div>2</div> <div>0</div> <div>1</div> |
| Date:         |               |   | Date:         |                                 | Date:          |           | Date:                    |      |                   |                  |   |
| / /           |               |   | / /           |                                 | / /            |           | / /                      |      |                   |                  |   |
|               |               |   |               |                                 |                |           | Chart Id.:               |      |                   |                  |   |

# Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

Forename

Surname

Protocol

5FU + FOL YORKSHIRE/SEYMOUR

DOB

Patient NO

Local No.

Course Name:

5FU Yorks/Seymour wks 29+30

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 |
|-----|---------------|---|-------------|---------------------------------|-------|-----------|--------------------|------|----------------------------------|------------------|----------|
| 8   | T=hrs         | FLUOROURACIL<br>(425mg/m²)              | mg          | None                            | IV    |           | Slow Bolus         |      | <div></div> <div>Batch No.</div> | <div></div>      |          |

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

|            |            |           |             |                             |  |  |  |  |            |             |  |
|------------|------------|-----------|-------------|-----------------------------|--|--|--|--|------------|-------------|--|
| Forename   | Surname    |           | Protocol    | 5FU + FOL YORKSHIRE/SEYMOUR |  |  |  |  | SA (m²)    |             |  |
|            |            |           | Course Name | 5FU Yorks/Seymour wks 29+30 |  |  |  |  | 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 : _____. |            |     |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |

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