

Patient Details

Forename

Surname

Protocol

CAPECITABINE+CONCURRENT XRT

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

CAPECITABINE 1g/m2 BD MON-FRI 28 fraction 56 doses

Consultant

Ward

Type of line

Diagnosis

NHS No

No. of lumen:

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 (7 day exp)	1.00	15.00	Day [1]			
Platelets >75 (7 day exp)	75.00	600.00	Day [1]			

Additional Prescribing Notes

Dose reduction for renal impairment:
Cockcroft 30-50mls/min reduce by 25%
Cockcroft <30mls/min discontinue treatment

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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Forename	Surname		Protocol	CAPECITABINE+CONCURRENT XRT						SA (m²)		
			Course Name	CAPECITABINE 1g/m2 BD MON-FRI 28 fraction 56 doses						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	56 DOSES														
Route	PO		Start Date															
Frequency	BD Mon-Fri		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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	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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