

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename

Surname

Protocol

CETUXIMAB SA 2 WKLY

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Cetuximab 500mg/m2 single agent 2 weekly

Consultant

Ward

Type of line

SINGLELINE

Diagnosis

NHS No









No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

Additional Prescribing Notes

First infusion to be given over 2 hours. Subsequent infusions to be given over at least 1 hour providing a maximum infusion rate of 10mg/min is not exceeded. Monitor for signs of hypersensitivity during and for 1 hour after infusion is complete.

Cetuximab given every two weeks is unlicensed therefore it is used with the prescriber accepting responsibility for any drug reactions

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 (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				 Batch No.		
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		 Batch No.		
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				 Batch No.		
1	T=:hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		 Batch No.		

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

2

0

0

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1	T=:hrs	CETUXIMAB (500mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note for infusion rate information

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.: