

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

NHS No

IRINOTECAN AND CAPECITABINE

Irinotecan 200mg/m2 & Capecitabine 800mg/m2 BD

SA (m²)

Height (m)

Weight (kg)

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
1	T=hrs	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Administer ONLY if acute cholinergic symptoms appears OR has previously appeared.
1	T=hrs	FREE FLOWING INFUSION (250ml)	250 ml	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	IRINOTECAN (200mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	IRINOTECAN AND CAPECITABINE										SA (m²)	
			Course Name	Irinotecan 200mg/m2 & Capecitabine 800mg/m2 BD										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	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		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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Forename	Surname		Protocol	IRINOTECAN AND CAPECITABINE								SA (m²)		
			Course Name	Irinotecan 200mg/m2 & Capecitabine 800mg/m2 BD								Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)	
			Ward											
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
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:	
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Patient Details

Forename	Surname		Protocol	IRINOTECAN AND CAPECITABINE					SA (m²)					
			Course Name	Irinotecan 200mg/m2 & Capecitabine 800mg/m2 BD					Height (m)					
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
			Ward											
Address	Anyroad,Anytown,													

Record drug allergies or sensitivities																	

				Time	Date													
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg		Duration															
Route	PO		Start Date															
Frequency	SEE NOTE		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Discuss with patient and delete if supply not required. Take 4mg after first loose stool then 2mg every 2 hours upto a maximum of 16 tabs/caps in 24 hours. If pre-pack supplied record Batch Number :__																	
Drug & dose	CIPROFLOXACIN																	
Actual dose	250 mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Discuss with patient and delete if supply not required. To be taken only in the event of diarrhoea and following advice of oncology unit staff. 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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