

## Patient Details

Forename

Surname

## Protocol

## Partial Prescription of 4 Segments

Page:1 of 12

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

7 Type of line

No. of lumen:

NHS No

IRINOTECAN SINGLE AGENT

Irinotecan single agent weekly(C1)

SINGLE LINE

## Diagnosis

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

[illegible]

### Additional Prescribing Notes

Warning: acute cholinergic symptoms & delayed diarrhoea can occur with this agent.

ACUTE CHOLINERGIC SYNDROME: If acute cholinergic syndrome appears administer atropine sulphate 0.25mg

subcutaneously and then prophylactic with subsequent doses of irinotecan.

**DELAYED DIARRHOEA:** Patients should be made aware of the risk of delayed diarrhoea occurring more than 24hours

after the administration of irinotecan and at any time before the next cycle. They should quickly inform the physician of its occurrence and start appropriate therapy immediately.

Loperamide is supplied on day 1, if further supplies required prescribe separately.

Ciprofloxacin is supplied on day 1, if further supplies required prescribe separately.

**DOSE MODIFICATION:**

Bilirubin >3 ULN or other liver enzymes >5 ULN-discontinue

Anc 1.5, Plts 100- if delay>2wks or Anc 0.5 dose reduce by 20%

Hepatic, Bilirubin, Creatinine rising or GFR <30mls/min  
consider 50% dose reduction

Diarrhoea grade 2 - delay until recovery, resume at full dose

Diarrhoea grade 3/4- delay until recovery continue with 20% dose reduction

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
<b>Allocated by:</b>			<b>Confirmed by:</b>		<b>Authorised by:</b>		<b>Checked by: (Pharmacist)</b>			<div>Parenteral 5</div> <div>Intrathecal 0</div> <div>Oral 7</div>	
<b>Date:</b>			<b>Date:</b>		<b>Date:</b>		<b>Date:</b>			<b>Chart Id.:Preview</b>	
/ /			/ /		/ /		/ /				

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

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DOBPatient NOLocal No.Course Name:

NHS NoWard

Partial Prescription0 of4 Segments

IRINOTECAN SINGLE AGENT

Irinotecan single agent weekly(C1)

Page:2 of 12

SA (m²)  
Height (m)  
Weight (kg)

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 (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	IRINOTECAN (125mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
8	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 appear OR has previously appeared.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

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Partial Prescription0 of4 Segments

IRINOTECAN SINGLE AGENT

Irinotecan single agent weekly(C1)

SA (m²)  
Height (m)  
Weight (kg)

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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=:hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=:hrs	IRINOTECAN (125mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
15	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 appear OR has previously appeared.
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

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Date:

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IRINOTECAN SINGLE AGENT

Irinotecan single agent weekly(C1)

SA (m²)  
Height (m)  
Weight (kg)

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
15	T=:hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=:hrs	IRINOTECAN (125mg/m²)	mg	Glucose 5%  250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
22	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 appear OR has previously appeared.
22	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
22	T=:hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Course Name:

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Partial Prescription0 of4 Segments

IRINOTECAN SINGLE AGENT

Irinotecan single agent weekly(C1)

SA (m²)

Height (m)

Weight (kg)

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
22	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
22	T=:hrs	IRINOTECAN (125mg/m²)	mg	Glucose 5%  250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)		
			Course Name	Irinotecan single agent weekly(C1)					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 : _____.																	
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 : _____.																	

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

Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)				
			Course Name	Irinotecan single agent weekly(C1)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
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 : _____.																	
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 : __																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
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## Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)				
			Course Name	Irinotecan single agent weekly(C1)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
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 :_____.																	
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	8														
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.:Preview
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)				
			Course Name	Irinotecan single agent weekly(C1)					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	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

Allocated by: MARK BOUSFIELD Date: 05/02/2016 10:05	Confirmed by:  Date: / /	Authorised by:  Date: / /	Checked by: (Pharmacist)  Date: / /	Chart Id.:Preview
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Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)	
			Course Name	Irinotecan single agent weekly(C1)					Height (m)	
DOB	Patient NO	Local No.		NHS No						Weight (kg)
		Ward								
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	15															
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 : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg	Duration	1 DAY															
Route	PO	Start Date																
Frequency	BD	Start Day	15															
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)				
			Course Name	Irinotecan single agent weekly(C1)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	22														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)				
			Course Name	Irinotecan single agent weekly(C1)					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	22														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	22														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	