

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

CAPOX (Oxaliplatin + Capecitabine)

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Oxaliplatin + Capecitabine (CAPOX)

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>RENAL DYSFUNCTION: Dose reduction required for capecitabine in renal impairment. If GF Cockcroft 30-50ml/min - give 75% dose. If <30ml/min no treatment- discuss with consultant.</div>
Height (m)							
Weight (kg)							
SA (m²)							
BILIRUBIN 2 X ULN	0.00	42.00	Day [1]				
Cockcroft >50mls/min	50.00	300.00	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 (500ml)	500 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=00Hrs	DEXAMETHASONE (8mg)	8 mg	None	PO			A	<div></div> <div>Batch No.</div>	<div></div>	
1	T=15Mhrs	OXALIPLATIN (130mg/m²)	mg	Glucose 5% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr	A	<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

2

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname	Protocol	CAPOX (Oxaliplatin + Capecitabine)										SA (m²)			
		Course Name	Oxaliplatin + Capecitabine (CAPOX)										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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CAPOX (Oxaliplatin + Capecitabine)					SA (m²)		
			Course Name	Oxaliplatin + Capecitabine (CAPOX)					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	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.:
Date:	Date:	Date:	Date:	
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