Parenteral Cytotoxic Chart

Chemocare prescription V1.06

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Consultant

Ward

NHS No

Protocol: FOLFIRI + CETUXIMAB 2 WKLY

Course Name: FOLFIRI and 2 wkly Cetuximab 500mg/m2 cycle 1

Type of line
No. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Cetuximab:
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 2 weeks is unlicensed therefore it is used with the prescriber accepting responsibility for any drug reactions

Irinotecan

Warning: acute cholinergic symptoms & delayed diarrhoea can occur.
ACUTE CHOLINERGIC SYDROME: If acute cholinergic sypmtoms appear administer atropine sulphate 0.25mg subcutaneously, unless clinically contraindicated, and prophylactically before 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.

LIVER DYSFUNCTION: If Bilirubin >1.5-3.0 ULN discuss with consultant -consider 50% dose reduction. If

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Date:	Date: / /	Date: / /	Date: / /	Chart Id.:

Parenteral	3
Intrathecal	0
Oral	3

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SA (m²)
Height (m)
Weight (kg)

Ward

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked

Additional Prescribing Notes

bilirubin >3.0ULN contraindicated.

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	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	None	IV		Slow Bolus		Batch No.		
1	T=hrs	CETUXIMAB (500mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				Batch No.		See additional prescribing note for infusion rate information
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		FLUSH VARIABLE VOLUME Wait one hour after end of cetuximab infusion before administering FOLFIRI.
1	T=hrs	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		Batch No.		Administer ONLY if acute cholinergic symptoms appear OR have previously appeared.

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DOB

Patient NO

Local No.

Protocol: FOLFIRI + CETUXIMAB 2 WKLY

Course Name: FOLFIRI and 2 wkly Cetuximab 500mg/m2 cycle 1

SA (m²)
Height (m)
Weight (kg)

Ward

NHS No

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	ONDANSETRON (8mg)	8 mg	None	PO				Batch No.		
1	T=hrs	**IRINOTECAN** (180mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		Batch No.		RUN CONCURRENTLY WITH FOLINIC ACID
1	T=hrs	FOLINIC ACID (300mg)	300 mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr		Batch No.		RUN CONCURRENTLY WITH IRINOTECAN
1	T=hrs	**FLUOROURACIL** (400mg/m²)	mg	None	IV		Slow Bolus		Batch No.		
1	T=hrs	**FLUOROURACIL** (2400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 46 Hrs at a rate 0 ml/hr		Batch No.		INFUSOR 2.5ML/HR

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Date:	Date: / /	Date: / /	Date: / / Chart Id.:

Patient Details

Forename	Surname	Protocol	FOLFIRI+ CETUXIMAB 2 WKLY	SA (m²)
		Course Name	FOLFIRI and 2 wkly Cetuximab 500mg/m2 cycle 1	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
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	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)	
Date:	Date: / /	Date: / /	Date: / /	Chart Id.:

Patient Details

Forename	**Surname**	**Protocol**	FOLFIRI+ CETUXIMAB 2 WKLY	**SA (m²)**
		Course Name	FOLFIRI and 2 wkly Cetuximab 500mg/m2 cycle 1	**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	If pre-pack supplied record Batch Number :_____.																	
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg	**Duration**	PRN															
Route	PO	**Start Date**																
Frequency	MDU	**Start Day**	1															
Quantity Dispensed		**Dispensed by**																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg every 2 hours to a maximum of 32mg in 24 hours. If pre-pack supplied record Batch Number :_____.																	

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Patient Details

Forename	**Surname**	**Protocol**	FOLFIRI+ CETUXIMAB 2 WKLY	**SA (m²)**
		Course Name	FOLFIRI and 2 wkly Cetuximab 500mg/m2 cycle 1	**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 MDU	**Start Day**	1															
Quantity Dispensed		**Dispensed by**																
		Accuracy check																
Note	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)**	
Date:	**Date:** / /	**Date:** / /	**Date:** / /	**Chart Id.:**