Parenteral Cytotoxic Chart

Chemocare prescription V1.06

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Consultant

Ward

NHS No

Protocol: FOLFIRI & BEVACIZUMAB

Course Name: Irinotecan de gramont (folfiri) and Bevacizumab C1

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

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 bilirubin >3.0ULN contraindicated.

Bevacizumab initial dose should be administered over 90 minutes, if well tolerated the second dose should be administered over 60 minutes and if well tolerated subsequent infusions should be administered over 30 minutes. Final concentration of bevacizumab in sodium chloride 0.9% should be between 1.4mg/ml and 16.5mg/ml

Bevacizumab is incompatable with glucose 5%, flush with sodium chloride 0.9%

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)		
Date:	Date: / /	Date: / /	Date: / /	Chart Id.:	Parenteral 3 Intrathecal 0 Oral 3

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SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked

Additional Prescribing Notes

Blood pressure and proteinuria by dipstick analysis should be monitored prior to each initial treatment and dose of bevacizumab

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	BEVACIZUMAB (5mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				Batch No.		1st dose over 90 minutes then if well tolerated 2nd dose over 60 minutes then if well tolerated subsequent doses over 30 minutes.
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9%	IV				Batch No.		FLUSH VARIABLE VOLUME
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.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	Glucose 5%	IV				Batch No.		
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				Batch No.		
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				Batch No.		

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Protocol: FOLFIRI & BEVACIZUMAB

DOB | Patient NO | Local No. | Course Name: Irinotecan de gramont (folfiri) and Bevacizumab C1

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	**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 & BEVACIZUMAB	SA (m²)
		Course Name	Irinotecan de gramont (folfiri) and Bevacizumab 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	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 & BEVACIZUMAB	**SA (m²)**
		Course Name	Irinotecan de gramont (folfiri) and Bevacizumab 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**	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	PRN	**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 & BEVACIZUMAB	SA (m²)
		Course Name	Irinotecan de gramont (folfiri) and Bevacizumab 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 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 :_____.																	

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