

# Parenteral Cytotoxic Chart

Chemocare prescription V1.06

## Patient Details

Forename

Surname

Protocol

CAPECITABINE+CONCURRENT XRT

DOB

Patient NO

Local No.

Course Name:

CAPECITABINE 1g/m2 BD MON-FRI 25 fraction 50 doses

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

NHS No

| Monitoring                 | Acceptable Range |        | Date Due | Date of Test | Value | Checked |
|----------------------------|------------------|--------|----------|--------------|-------|---------|
| Height (m)                 |                  |        |          |              |       |         |
| Weight (kg)                |                  |        |          |              |       |         |
| SA (m²)                    |                  |        |          |              |       |         |
| ALA TRANSAM2.5ULN          | 0.00             | 100.00 | Day [1]  |              |       |         |
| BILIRUBIN 1.5ULN           | 0.00             | 31.50  | Day [1]  |              |       |         |
| Cockcroft >50mls/min       | 50.00            | 300.00 | Day [1]  |              |       |         |
| NEUTROPHILS >1 (7 day exp) | 1.00             | 15.00  | Day [1]  |              |       |         |
| Platelets >75 (7 day exp)  | 75.00            | 600.00 | Day [1]  |              |       |         |

**Additional Prescribing Notes**  
Dose reduction for renal impairment:  
Cockcroft 30-50mls/min reduce by 25%  
Cockcroft <30mls/min discontinue treatment

**Allocated by:**  
**Date:**

**Confirmed by:**  
**Date:**  
/ /

**Authorised by:**  
**Date:**  
/ /

**Checked by: (Pharmacist)**  
**Date:**  
/ /  
**Chart Id.:**

Parenteral

Intrathecal

Oral

1

0

1

Patient Details

|            |            |           |             |  |  |  |  |  |            |             |  |
|------------|------------|-----------|-------------|--|--|--|--|--|------------|-------------|--|
| Forename   | Surname    |           | Protocol    | CAPECITABINE+CONCURRENT XRT                        |  |  |  |  | SA (m²)    |             |  |
|            |            |           | Course Name | CAPECITABINE 1g/m2 BD MON-FRI 25 fraction 50 doses |  |  |  |  | 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   | 50 DOSES |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Route              | PO  |                | Start Date |          |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Frequency          | BD Mon-Fri  |                | Start Day  | 1        |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Quantity Dispensed |   | Dispensed by   |            |          |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   | Accuracy check |            |          |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Note               |   |                |            |          |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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               | If pre-pack supplied record Batch Number : _____. |                |            |          |      |  |  |  |  |  |  |  |  |  |  |  |  |  |

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