

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename

Surname

Protocol

MITOMYCIN & 5FU 4D +XRT

DOB

Patient NO

Local No.

Course Name:

Mitomycin+continuous 5FU over 4D with concur. XRT

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	<div>Additional Prescribing Notes</div> <div>Regimen is repeated with the final week of radiotherapy (week 5) WITHOUT mitomycin For patients 70+ or significant co-morbidities dose reduce to: Mitomycin 10mg/m2, 5FU 750mg/m2/day x 4 days</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	MITOMYCIN (12mg/m²)	20 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Max dose: 20mg.
1	T=hrs	FLUOROURACIL (4000mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 4 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 2ml/hr
29	T=hrs	FLUOROURACIL (4000mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 4 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 2ml/hr

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

2

Patient Details

Forename	Surname		Protocol	MITOMYCIN & 5FU 4D + XRT					SA (m²)				
			Course Name	Mitomycin+continuous 5FU over 4D with concur. XRT					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CIPROFLOXACIN																	
Actual dose	250 mg		Duration	2 MONTHS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Until wound/ radiation reaction healed																	
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 : _____.																	

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

Patient Details

Forename	Surname		Protocol	MITOMYCIN & 5FU 4D + XRT					SA (m²)				
			Course Name	Mitomycin+continuous 5FU over 4D with concur. XRT					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	29														
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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