

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

CAPECITABINE+MITOMYCIN+XRT

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Mitomycin+ Capecitabine+ XRT

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

| Monitoring | Acceptable Range | | Date Due | Date of Test | Value | Checked |
|----------------------|------------------|--------|----------|--------------|-------|---------|
| Height (m) | | | | | | |
| Weight (kg) | | | | | | |
| SA (m²) | | | | | | |
| Cockcroft >50mls/min | 50.00 | 300.00 | Day [1] | | | |
| NEUTROPHILS > 1.5 | 1.50 | 15.00 | Day [1] | | | |
| PLATELETS > 100 | 100.00 | 600.00 | Day [1] | | | |
| | | | | | | |
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Additional Prescribing Notes

For patients 70+ or significant co-morbidities dose reduce to:
Mitomycin 10mg/m2

Capecitabine
To be taken Monday to Friday ONLY for 6 weeks during radiotherapy

Renal impairment
CrCl 30-50ml/min- 75% of dose
CrCl <30ml/min- contraindicated switch to 5Fu

| 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) | mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | Max dose: 20mg. |

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

| | | | | | | | | | | | | |
|------------|------------|-----------|-------------|------------------------------|--|--|--|--|--|------------|-------------|--|
| Forename | Surname | | Protocol | CAPECITABINE+MITOMYCIN+XRT | | | | | | SA (m²) | | |
| | | | Course Name | Mitomycin+ Capecitabine+ 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 | CAPECITABINE | | | | | | | | | | | | | | | | | |
| Actual dose | | Duration | 30 DAYS | | | | | | | | | | | | | | | |
| Route | PO | Start Date | | | | | | | | | | | | | | | | |
| Frequency | BD | Start Day | 1 | | | | | | | | | | | | | | | |
| Quantity Dispensed | | Dispensed by | | | | | | | | | | | | | | | | |
| | | Accuracy check | | | | | | | | | | | | | | | | |
| Note | Monday to Friday ONLY for 6 weeks during radiotherapy. | | | | | | | | | | | | | | | | | |
| 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 : _____. | | | | | | | | | | | | | | | | | |

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