

Parenteral Cytotoxic Chart

Chemocare prescription V1.06

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

No. of lumen:

NHS No

Protocol

FOLFOX + CETUXIMAB 2 WKLY

Folfox with Cetuximab 500mg/m2

DOUBLE LUMEN

Diagnosis

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN 2 X ULN	0.00	42.00	Day [1]			
CREATININE 1.5ULN	0.00	200.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	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

REACTION between oxaliplatin and sodium chloride : use glucose 5% to flush.

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		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Date:

Confirmed by:

Date: / /

Authorised by:

Date: / /

Checked by: (Pharmacist)

Date: / /

Chart Id.:

Parenteral

Intrathecal

Oral

2

0

2

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Protocol

FOLFOX + CETUXIMAB 2 WKLY

DOB

Patient NO

Local No.

Course Name:

Folfox with Cetuximab 500mg/m2

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	CETUXIMAB (500mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note for infusion rate information
1	T=hrs	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	FOLINIC ACID (300mg)	300 mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr	A	<div></div> <div>Batch No.</div>	<div></div>	Wait one hour after end of cetuximab infusion before administering FOLFOX
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO			A	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	OXALIPLATIN (85mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr	B	<div></div> <div>Batch No.</div>	<div></div>	Run line A + B concurrently.
1	T=hrs	FLUOROURACIL (400mg/m²)	mg	None	IV		Slow Bolus	B	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (2400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 46 Hrs at a rate 0 ml/hr	B	<div></div> <div>Batch No.</div>	<div></div>	INFUSOR 2.5ML/HR

Allocated by:

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Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	FOLFOX + CETUXIMAB 2 WKLY						SA (m²)		
			Course Name	Folfox with Cetuximab 500mg/m2						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)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	FOLFOX + CETUXIMAB 2 WKLY					SA (m²)				
			Course Name	Folfox with Cetuximab 500mg/m2					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 : _____.																	

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