

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

FOLFIRI + PANITUMUMAB

DOB

Patient NO

Local No.

Course Name:

FOLFIRI and Panitumumab C1

NHS No

Ward

SA (m²)
Height (m)
Weight (kg)

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	PANITUMUMAB (6mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes.
1	T=hrs	FLUSH (0ml)	0 ml	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	FLUSH (0ml)	0 ml	Glucose 5% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	ATROPINE (0.25mg)	0.25 mg		SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Administer ONLY if acute cholinergic symptoms appear OR have previously appeared.
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	IRINOTECAN (180mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	RUN CONCURRENTLY WITH FOLINIC ACID

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient NO

Local No.

Course Name:

FOLFIRI and Panitumumab C1

NHS No

Ward

SA (m²)
Height (m)
Weight (kg)

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	FOLINIC ACID (300mg)	300 mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	RUN CONCURRENTLY WITH IRINOTECAN
1	T=hrs	FLUOROURACIL (400mg/m²)	mg	None	IV		Slow Bolus		<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		<div></div> <div>Batch No.</div>	<div></div>	INFUSOR 2.5ML/HR

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	FOLFIRI + PANITUMUMAB					SA (m²)	
			Course Name	FOLFIRI and Panitumumab 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)	Chart Id.:
Date:	Date:	Date:	Date:	
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Oral Prescription Chart

Chemocare prescription V1.02

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Patient Details

Forename	Surname		Protocol	FOLFIRI + PANITUMUMAB					SA (m²)					
			Course Name	FOLFIRI and Panitumumab 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 : _____.																	

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

Forename	Surname		Protocol	FOLFIRI + PANITUMUMAB					SA (m²)		
			Course Name	FOLFIRI and Panitumumab 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 : _____.																	

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