

# Parenteral Cytotoxic Chart

Chemocare prescription V1.06

## Patient Details

Forename

Surname

Protocol

4FU + FOL YORKSHIRE/SEYMOUR

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

5FU Yorks / seymour wks 1 - 28

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]				
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]				
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS> 75	75.00	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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FOLINIC ACID (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	FOLINIC ACID (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

2

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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Protocol

DOB

Patient NO

Local No.

NHS No

Course Name:

Ward

5FU + FOL YORKSHIRE/SEYMOUR

5FU Yorks / seymour wks 1 - 28

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
8	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FOLINIC ACID (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	FOLINIC ACID (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	FLUOROURACIL (425mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	5FU + FOL YORKSHIRE/SEYMOUR					SA (m²)		
			Course Name	5FU Yorks / seymour wks 1 - 28					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
Consultant		Ward		Diagnosis							
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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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