

## Chemocare prescription V1.04

Surname

## Protocol

IRINOTECAN SINGLE AGENT

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Irinotecan single agent 3 weekly (Course 2 onwards)

Consultant

Ward

Type of line

SINGLE LINE

## Diagnosis

NHS No



**Additional Prescribing Notes**

Warning: acute cholinergic symptoms & delayed diarrhoea occur with this agent.

**ACUTE CHOLINERGIC SYNDROME:** If acute cholinergic syndrome appears (defined as early diarrhoea + symptoms such as sweating, abdominal cramping, lachrymation, myosis and salivation), atropine sulphate (0.25mg subcut.) should be administered unless clinically contraindicated. In patients who experience an acute and severe cholinergic syndrome, the use of prophylactic atropine sulphate is recommended with subsequent doses of irinotecan.

**DELAYED DIARRHOEA:** Patients should be made aware of the risk of delayed diarrhoea occurring more than 24hours after the administration of irinotecan and at any time before the next cycle. They should quickly inform the physician of its occurrence and start appropriate therapy immediately. Loperamide is supplied with cycle 1, if further supplies required prescribe separately. Ciprofloxacin 250mg is supplied with cycle 1, if further supplies required prescribe separately.

**LIVER DYSFUNCTION:** If bilirubin 1.5- 3.0 ULN reduce dose to 200mg/m<sup>2</sup>. If BILIRUBIN >3.0 ULN Irinotecan contra indicated.

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	ATROPINE  (0.25mg)	0.25  mg		SC		Slow Bolus		 Batch No.		Administer as SUBCUTANEOUS INJECTION ONLY IF acute cholinergic syndrome appears OR has previously appeared.
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div>Parenteral 2</div> <div>Intrathecal 0</div> <div>Oral 2</div>	
Date:			Date:		Date:		Date:			Chart Id.:	
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# Parenteral Cytotoxic Chart

Chemocare prescription V1.04

## Patient Details

Forename

Surname

DOB

Patient NO

Local No.

NHS No

Protocol

IRINOTECAN SINGLE AGENT

Course Name:

Irinotecan single agent 3 weekly (Course 2 onwards)

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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	IRINOTECAN (350mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 1.5 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUSH (20ml)	20 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	IRINOTECAN SINGLE AGENT					SA (m²)	
			Course Name	Irinotecan single agent 3 weekly (Course 2 onwards)					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 : _____.																	
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	IRINOTECAN SINGLE AGENT					SA (m²)		
			Course Name	Irinotecan single agent 3 weekly (Course 2 onwards)					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
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 : _____.																	

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