Parenteral Cytotoxic Chart

Chemocare prescription V1.07

Patient Details

Forename | Surname

DOB | Patient NO | Local No.

Consultant | Ward

NHS No

Protocol: FOLFIRI

Course Name: Irinotecan / de gramont (folfiri) courses 2-12

Type of line / No. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
BILIRUBIN 1.5ULN	0.00	31.50	05/02/2016			
CREATININE(max 130)	0.00	130.00	05/02/2016			
NEUTROPHILS > 1.0	1.00	15.00	05/02/2016			
PLATELETS> 75	75.00	600.00	05/02/2016			

Additional Prescribing Notes

Warning: acute cholinergic symptoms & delayed diarrhoea occur with this agent.
ACUTE CHOLINERGIC SYDROME: If acute cholinergic syndrome appears (defined as early diarrhoea plus symptoms such as sweating, abdominal cramping, lachrymation, myosis and salivation), atropine sulphate (0.25mg subcutaneously) 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 and Ciprofloxacin prescribed with course 1, if further supply required prescribe separately.
LIVER DYSFUNCTION: If Bilirubin >1.5-3.0 ULN discuss with consultant -consider 50% dose reduction. If bilirubin >3.0ULN contraindicated.

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: **Date:**

Confirmed by: **Date:** / /

Authorised by: **Date:** / /

Checked by: (Pharmacist) **Date:** / /

Chart Id.:

Parenteral	2
Intrathecal	0
Oral	2

Parenteral Cytotoxic Chart

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Patient Details

Forename

Surname

Protocol: FOLFIRI

DOB | Patient NO | Local No. | Course Name: Irinotecan / de gramont (folfiri) courses 2-12

SA (m²)
Height (m)
Weight (kg)

Ward

NHS No

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	Glucose 5%	IV				Batch No.		
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				Batch No.		
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				Batch No.		
1	T=hrs	**IRINOTECAN** (180mg/m²)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		Batch No.		RUN CONCURRENTLY WITH FOLINIC ACID
1	T=hrs	FOLINIC ACID (300mg)	300 mg	Glucose 5% 250 ml	IV		Infuse over 2 Hrs at a rate 125 ml/hr		Batch No.		RUN CONCURRENTLY WITH IRINOTECAN
1	T=hrs	**FLUOROURACIL** (400mg/m²)	mg	None	IV		Slow Bolus		Batch No.		
1	T=hrs	**FLUOROURACIL** (2400mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 46 Hrs at a rate 0 ml/hr		Batch No.		INFUSOR 2.5ML/HR

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

Patient Details

Forename	**Surname**	**Protocol**	FOLFIRI		**SA (m²)**
		Course Name	Irinotecan / de gramont (folfiri) courses 2-12		**Height (m)**
DOB	**Patient NO**	**Local No.**	**NHS No**		**Weight (kg)**
Consultant		**Ward**	**Diagnosis**		
Address					

Record drug allergies or sensitivities

					Time	**Date**													
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 :_____.																		
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: **Date:**	**Confirmed by:** **Date:** / /	**Authorised by:** **Date:** / /	**Checked by: (Pharmacist)** **Date:** / /
			Chart Id.:

Oral Prescription Chart

Patient Details

Forename	Surname	Protocol	FOLFIRI	SA (m²)
		Course Name	Irinotecan / de gramont (folfiri) courses 2-12	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	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)	
Date:	Date: / /	Date: / /	Date: / /	Chart Id.: