

Parenteral Cytotoxic Chart

Chemocare prescription V1.05

Patient Details

Forename

Surname

Protocol

5FU LOKICH

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

5 FU 300mg/m2/day LOKICH Weeks 1-24

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	FLUOROURACIL (2100mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr
8	T=hrs	FLUOROURACIL (2100mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr
15	T=hrs	FLUOROURACIL (2100mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 7 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 0.5ml/hr

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	5FU LOKICH					SA (m²)				
			Course Name	5 FU 300mg/m2/day LOKICH Weeks 1-24					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															
Route	PO		Start Date															
Frequency	TDS PRN		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:	
/ /	/ /	/ /	/ /	