

Patient Details

Forename

Surname

Protocol

PACLITAXEL 80mg/m2 WEEKLY

Address

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 80mg/m2 weekly

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

SA (m²)







Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM <100	0.00	99.99	Day 1			
BILIRUBIN 1.5ULN	0.00	31.50	Day 1			
NEUTROPHILS > 1.0	1.00	15.00	Day 1			
PLATELETS > 100	100.00	600.00	Day 1			
ALA TRANSAM <100	0.00	99.99	Day 8			
BILIRUBIN 1.5ULN	0.00	31.50	Day 8			
NEUTROPHILS > 1.0	1.00	15.00	Day 8			
PLATELETS > 100	100.00	600.00	Day 8			
ALA TRANSAM <100	0.00	99.99	Day 15			
BILIRUBIN 1.5ULN	0.00	31.50	Day 15			
NEUTROPHILS > 1.0	1.00	15.00	Day 15			
PLATELETS > 100	100.00	600.00	Day 15			

Additional Prescribing Notes

Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter.
Dexamethasone IV pre-med may be reduced to a minimum of 4mg if no reaction occurs

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				 Batch No.		
1	T=hrs	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		 Batch No.		
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		 Batch No.		

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

Intrathecal

Oral

4

0

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Paclitaxel 80mg/m2 weekly

SA (m²)

Height (m)

Weight (kg)

Page:2 of 5

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	DEXAMETHASONE (8mg)	8 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	PACLITAXEL (80mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter
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	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

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Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Paclitaxel 80mg/m2 weekly

NHS No

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SA (m²)

Height (m)

Weight (kg)

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8	T=hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	PACLITAXEL (80mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter
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	METOCLOPRAMIDE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	12/07/2020 RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:
TONI HAMILL
Date:
17/06/2016 14:09

Confirmed by:

Date:
/ /

Authorised by:

Date:
/ /

Checked by: (Pharmacist)

Date:
/ /

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PACLITAXEL 80mg/m2 WEEKLY

Paclitaxel 80mg/m2 weekly

SA (m²)

Height (m)

Weight (kg)

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15	T=hrs	PACLITAXEL (80mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter

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			Course Name	Paclitaxel 80mg/m2 weekly										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	If pre-pack supplied record Batch Number : _____.																	