



Patient Details

Forename

Surname

Protocol

CAPECITABINE+CISPLATIN+XRT

DOB

Patient NO

Local No.

Course Name:

CISPLATIN+CAPECITABINE 625mg/m2 BD(21days)+XRT

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<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	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FUROSEMIDE (20mg)	20 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CISPLATIN (60mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	If the patient has not passed urine during pre hydration contact a Doctor before proceeding.
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	POSTHYDRATION (500ml)		SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	This infusion bag can be replaced by ensuring the patient drinks 500mls of water before they leave Chemotherapy Day Unit.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:

Patient Details

Forename	Surname		Protocol	CAPECITABINE+CISPLATIN+XRT								SA (m²)	
			Course Name	CISPLATIN+CAPECITABINE 625mg/m2 BD(21days)+XRT C1								Height (m)	
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Squamous carcinoma of Anus						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CAPECITABINE																	
Actual dose			Duration	21 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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)	
Date:	Date:	Date:	Date:	

Forename		Surname		Protocol		CAPECITABINE+CISPLATIN+XRT								SA (m²)	
				Course Name		CISPLATIN+CAPECITABINE 625mg/m2 BD(21days)+XRT C1								Height (m)	
DOB		Patient NO		Local No.		NHS No								Weight (kg)	
				Ward											
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		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 :_____.																

Allocated by:		Confirmed by:		Authorised by:		Checked by: (Pharmacist)			
Date:		Date:		Date:		Date:			