

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

RALTITREXED + OXALIPLATIN

DOB

Patient NO

Local No.

Course Name:

Raltitrexed / Oxaliplatin

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 1 ULN	0.00	40.00	Day [1]			
ALK PHOS 3ULN	30.00	390.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE 1.5ULN	0.00	200.00	Day [1]			
Cockcroft > 65ml/min	65.00	300.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes
Oxaliplatin is INCOMPATABLE with sodium chloride 0.9%, flush with glucose 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	FREE FLOWING INFUSION (0ml)	0 ml	SODIUM CHLORIDE 0.9% 500 ml	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	RALTITREXED (3mg/m²)	 mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 15 Mins at a rate 400 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

2

0

2

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DOB

Patient NO

Local No.

Course Name:

Raltitrexed / Oxaliplatin

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	FLUSH (0ml)	0 ml	Glucose 5%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME Oxaliplatin is INCOMPATABLE with sodium chloride 0.9%, FLUSH with glucose 5%
1	T=hrs	OXALIPLATIN (100mg/m²)	mg	Glucose 5% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	RALTITREXED+OXALIPLATIN						SA (m²)		
			Course Name	Raltitrexed / Oxaliplatin						Height (m)		
DOB	Patient NO	Local No.		NHS No							Weight (kg)	
Consultant		Ward		Diagnosis	Carcinoma of Colon							
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 : _____.																	
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	RALTITREXED + OXALIPLATIN					SA (m²)	
			Course Name	Raltitrexed / Oxaliplatin					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)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	