

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.10

Patient Details

Forename

Surname

Protocol

MTX + CYTARABINE

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DOB

Patient NO

Local No.

Course Name:

Methotrexate 3.5g/m2 and Cytarabine 2g/m2

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	ONDANSETRON (8mg)	8 mg	None	PO				/	/	To be given 30 minutes before initiation of Methotrexate infusion
1	T=hrs	METHOTREXATE (3500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		/	/	Do NOT start unless urine pH>7. Run concurrent with hydration Note time MTX started & add date & times to folinic acid on prescription.
1	T=:hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4%	IV		Infuse over 24 Hrs at a rate 0 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrently with hydration.
1	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
1	T=:hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Run concurrently with MTX infusion and continue until MTX levels are <0.2micromol/L. Run concurrent with sodium bicarbonate.
1		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
1		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	

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

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Protocol

MTX + CYTARABINE

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DOB _____ Patient NO _____ Local No. _____ Course Name:

Methotrexate 3.5g/m2 and Cytarabine 2g/m2

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		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
2	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	Give doses of cytarabine 12 hours apart. To commence Prednisolone 0.5% eye drops, 1 drop QDS (as per oral prescription chart)
2	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	First dose +24hrs after start of MTX infusion. MTX Level _____
2	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4%	IV		Infuse over 24 Hrs at a rate 0 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrently with hydration.
2	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
2	T=:hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor. 0.18% + Potassium Chlor. 20mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L. Run concurrently with Sodium Bicarbonate.
2	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+30hrs after start of MTX infusion.

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Parenteral Cytotoxic Chart

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Patient Details

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Forename

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MTX + CYTARABINE

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

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Course Name:

Methotrexate 3.5g/m2 and Cytarabine 2g/m2

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
2	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L. Run concurrently with Sodium Bicarbonate.
2	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	Give doses of cytarabine 12 hours apart
2	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+36hrs after start of MTX infusion.
2	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L. Run concurrently with Sodium Bicarbonate.
2	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+42hrs after start of MTX infusion. Measure MTX level at +48hrs.
2	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L. Run concurrently with Sodium Bicarbonate.
3	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	Give doses of cytarabine 12 hours apart.

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Chemocare prescription V1.10

Patient Details

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Forename

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Protocol

MTX + CYTARABINE

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Methotrexate 3.5g/m² and Cytarabine 2g/m²

Ward

NHS No

Day	Date and Time	Drug and dose (per m ²) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/Checked by	Time Start/Stop	Comments
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		 Batch No.		+48hr after start of MTX infusion. MTX Level _____
3	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4%	IV		Infuse over 24 Hrs at a rate 0 ml/hr		 Batch No.		Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrently with hydration.
3	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				 Batch No.		Use as notes above if needed.
3	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		 Batch No.		Continue until MTX levels are <0.2micromol/L. Run concurrently with sodium bicarbonate.
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		 Batch No.		+54hrs after start of MTX infusion.
3	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		 Batch No.		Continue until MTX levels are <0.2micromol/L. Run concurrently with sodium bicarbonate.
3	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		 Batch No.		Give doses of cytarabine 12 hours apart.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
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Parenteral Cytotoxic Chart

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MTX + CYTARABINE

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DOB

Patient NO

Local No.

Course Name:

Methotrexate 3.5g/m2 and Cytarabine 2g/m2

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
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+60hrs after start of MTX infusion.
3	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L. Run concurrently with sodium bicarbonate.
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+66hrs after start of MTX infusion. Take MTX level at 72 hours.
3	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor.0.18% + Potassium Chlor. 40mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2micromol/L. Run concurrently with sodium bicarbonate.
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	Take +72hr MTX level. MTX Level _____ Continue until MTX levels are <0.2 micromol/L
4	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4%	IV		Infuse over 24 Hrs at a rate 0 ml/hr		/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrently with hydration.
4	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.

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

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Parenteral Cytotoxic Chart

Chemocare prescription V1.10

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Protocol

MTX + CYTARABINE

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DOB

Patient NO

Local No.

Course Name:

Methotrexate 3.5g/m2 and Cytarabine 2g/m2

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
4	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor. 0.18% + Potassium Chlor. 20mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2 micromol/L. Run concurrently with sodium bicarbonate.
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+78hrs after start of MTX infusion. Continue until MTX levels are <0.2 micromol/L.
4	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor. 0.18% + Potassium Chlor. 20mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2 micromol/L. Run concurrently with sodium bicarbonate.
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+84hrs after start of MTX infusion. Continue until MTX levels are <0.2 micromol/L.
4	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor. 0.18% + Potassium Chlor. 20mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2 micromol/L. Run concurrently with sodium bicarbonate.
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+90hrs after start of MTX infusion. Continue until MTX levels are <0.2 micromol/L. Continue on eRecord if required after this point.
4	T=hrs	POSTHYDRATION (1000ml)		Glucose 4%, Sod. Chlor. 0.18% + Potassium Chlor. 20mmol/Ltr 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.2 micromol/L. Run concurrently with sodium bicarbonate.

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

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Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol **MTX + CYTARABINE**

SA (m²)
Height (m)
Weight (kg)

DOB _____ Patient NO _____ Local No. _____ Course Name: _____

Methotrexate 3.5g/m2 and Cytarabine 2g/m2

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
7	T=hrs	FILGRASTIM (G-CSF) (5microgram/kg)	microgram	None	SC		Slow Bolus		/	/	To be given DAILY by subcutaneous injection on DAYS 7-14 inclusive. Prescribe on eRecord.

Allocated by: MARK BOUSFIELD Date: 04/01/2018 16:01	Confirmed by: Date: / /	Authorised by: Date: / /	Checked by: (Pharmacist) Date: / /	Chart Id.:
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Patient Details

Forename	Surname	Protocol	MTX + CYTARABINE	SA (m ²)
		Course Name	Methotrexate 3.5g/m2 and Cytarabine 2g/m2	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

		Time	Date															
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	5 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	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:
/ /	/ /	/ /	/ /

Patient Details

Forename	Surname	Protocol	MTX + CYTARABINE		SA (m²)
		Course Name	Methotrexate 3.5g/m2 and Cytarabine 2g/m2		Height (m)
DOB	Patient NO	Local No.	NHS No		Weight (kg)
		Ward			
Address					

Record drug allergies or sensitivities

			Time	Date												
Drug & dose	PREDNISOLONE 0.5%															
Actual dose	EYE DROPS 1 DROP	Duration	7 DAYS													
Route	EYE	Start Date														
Frequency	QDS	Start Day	2													
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	ONE drop in both eyes FOUR times daily. This should be continued for 5 days after completion of cytarabine															

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