

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

DOCETAXEL (Prostate)

DOB

Patient NO

Local No.

Course Name:

Single agent Docetaxel 30mg/m2 + Prednisolone

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

NHS No

No. of lumen:

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE 1.5ULN	0.00	200.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			
ALA TRANSAM2.5ULN	0.00	100.00	Day [8]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [8]			
CREATININE 1.5ULN	0.00	200.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS> 75	75.00	600.00	Day [8]			
ALA TRANSAM2.5ULN	0.00	100.00	Day [15]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [15]			
CREATININE 1.5ULN	0.00	200.00	Day [15]			
NEUTROPHILS > 1.0	1.00	15.00	Day [15]			
PLATELETS> 75	75.00	600.00	Day [15]			
ALA TRANSAM2.5ULN	0.00	100.00	Day [22]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [22]			
CREATININE 1.5ULN	0.00	200.00	Day [22]			
NEUTROPHILS > 1.0	1.00	15.00	Day [22]			
PLATELETS> 75	75.00	600.00	Day [22]			
ALA TRANSAM2.5ULN	0.00	100.00	Day [29]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [29]			
CREATININE 1.5ULN	0.00	200.00	Day [29]			
NEUTROPHILS > 1.0	1.00	15.00	Day [29]			
PLATELETS> 75	75.00	600.00	Day [29]			

Additional Prescribing Notes

ACUTE ALLERGIC REACTIONS MAY OCCUR Refer to trust policy for management. Monitor BP & PULSE before and @ 15 and 30 min after start.

Dose reduction may be required in the event of elevated LFTs. Discuss with consultant if Bilirubin is elevated

Contraindicated if bilirubin >1.5 and/or transaminases x >2.5

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		
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div>Parenteral4 Intrathecal0 Oral3</div>			
Date:			Date:		Date:		Date:						
			/ /		/ /		/ /						
Chart Id.:Preview													

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Course Name:

Ward

Partial Prescription0 of5 Segments

DOCETAXEL (Prostate)

Single agent Docetaxel 30mg/m2 + Prednisolone

Page:2 of 7

SA (m²)

Height (m)

Weight (kg)

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	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before docetaxel
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<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	DOCETAXEL (30mg/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>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before docetaxel
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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

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Authorised by:

Checked by: (Pharmacist)

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Date:

Date:

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Height (m)

Weight (kg)

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
8	T=hrs	DOCETAXEL (30mg/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>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR
15	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before docetaxel
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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	DOCETAXEL (30mg/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>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR
22	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before docetaxel
22	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	

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DOCETAXEL (Prostate)

Single agent Docetaxel 30mg/m2 + Prednisolone

SA (m²)
Height (m)
Weight (kg)

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
22	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	DOCETAXEL (30mg/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>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR
29	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before docetaxel
29	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
29	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
29	T=hrs	DOCETAXEL (30mg/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>	Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR

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Checked by: (Pharmacist)

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Date:

Date:

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Forename	Surname		Protocol	DOCETAXEL (Prostate)					SA (m²)				
			Course Name	Single agent Docetaxel 30mg/m2 + Prednisolone					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose	10 mg		Duration	42 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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 : _____.																	

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Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

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			Course Name	Single agent Docetaxel 30mg/m2 + Prednisolone					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	8														
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 : _____.																	
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	15														
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 : _____.																	

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Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

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			Course Name	Single agent Docetaxel 30mg/m2 + Prednisolone					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	22													
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 : _____.																
Drug & dose	METOCLOPRAMIDE																
Actual dose	10 mg		Duration	PRN													
Route	PO		Start Date														
Frequency	TDS		Start Day	29													
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 : _____.																

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Date:	Date:	Date:	Date:	
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