

Patient Details

Forename

Surname

Protocol

MITOMYCIN & 5FU + concur XRT

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Mitomycin + 5FU over 5 days with concurrent XRT

Height (m)

Consultant

Ward

Type of line

Diagnosis

Weight (kg)

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Radiotherapy 55Gy/ 20 Fractions Daily over 4 weeks with chemotherapy administered in week 1 and week 4</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	MITOMYCIN (12mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (2500mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 5 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 2ml/hr
22	T=hrs	FLUOROURACIL (2500mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 5 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 2ml/hr

Allocated by:

Confirmed by:
MARK BOUSFIELD

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	MITOMYCIN & 5FU + concur XRT					SA (m²)				
			Course Name	Mitomycin + 5FU over 5 days with concurrent XRT					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	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	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 : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	