

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ NHS No _____

Protocol CISPLATIN WKLY + XRT

Cisplatin wkly + radiotherapy

Diagnosis Renal Cell carcinoma

SA (m²)
Height (m)
Weight (kg)

Page:1 of 4

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
Cockcroft >50mls/min	50.09	300.00	Day [1]			
HB 100	100.00	170.00	Day [1]			
MAGNESIUM (mmol/L)	0.70	1.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

The following monitoring is required:
EDTA GFR >= to 50mls/min before 1st & 3rd cycle.
Calculated Cockcroft must be >= to 50mls/min at each cycle - if this is not the case discuss with consultant.
FBC each visit. ANC>= to 1.5, Plats >=to 100.
If Hb<100 - transfuse. NB: Transfusion must be performed within 48 hours

Urgent U&E,s

Commence pre-hydration while awaiting U+E results.

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)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
1	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
1	T=hrs	CISPLATIN (40mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Max 70mg

Allocated by: _____ Date: _____

Confirmed by: _____ Date: _____

Authorised by: _____ Date: _____

Checked by: (Pharmacist) _____ Date: _____

Parenteral
Intrathecal
Oral

2
0
2

Patient Details

Forename

Surname

Protocol

CISPLATIN WKLY + XRT

DOB

Patient NO

Local No.

Course Name:

Cisplatin wkly + radiotherapy

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

Page:2 of 4

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	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>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	CISPLATIN WKLY + XRT						SA (m²)		
			Course Name	Cisplatin wkly + radiotherapy						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	DEXAMETHASONE																	
Actual dose	4 mg	Duration	ONE 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.:340381
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	CISPLATIN WKLY + XRT					SA (m²)		
			Course Name	Cisplatin wkly + radiotherapy					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	TWO 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:	