

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

No. of lumen:

NHS No

Protocol

CARBO AUC5 + 5FU

Carboplatin AUC 5 + Fluorouracil 1000mg/m2

SINGLE LINE

Diagnosis

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)						
CREATININE(max 130)	0.00	130.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Omit dexamethasone on day 1 if patient already taking.

GFR>40ml/min

Carboplatin dose must be based on an ACCURATE measure of GFR, ideally by EDTA or measured CrCl before 1st cycle and the GFR value and date of test documented in the chemocare treatment notes.

If creatinine level increases by >20% from baseline consider repeating EDTA and discuss with consultant.

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				<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	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

2

0

2

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

CARBO AUC5 + 5FU

DOB

Patient NO

Local No.

Course Name:

Carboplatin AUC 5 + Fluorouracil 1000mg/m2

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
2	T=hrs	FLUOROURACIL (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	FLUOROURACIL (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	FLUOROURACIL (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 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.:

Patient Details

Forename	Surname		Protocol	CARBO AUC5 + 5FU					SA (m²)				
			Course Name	Carboplatin AUC 5 + Fluorouracil 1000mg/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	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	CARBO AUC5 + 5FU					SA (m²)				
			Course Name	Carboplatin AUC 5 + Fluorouracil 1000mg/m2					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:	
/ /	/ /	/ /	/ /	