

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol

VINFLUNINE

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

Vinflunine 320mg/m2

SA (m²)

Height (m)

Weight (kg)

Ward

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked

Additional Prescribing Notes
stool softener AND a stimulant.

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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9% 500 ml	IV			2	<div></div> <div>Batch No.</div>	<div></div>	Infuse before, during and after Vinflunine infusion. Run 250ml at a free flow rate to ensure patency of vein and flush drug
1	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	VINFLUNINE (320mg/m²)	 mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 20 Mins at a rate 300 ml/hr	1	<div></div> <div>Batch No.</div>	<div></div>	See Administration Guidance before starting.

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

Forename		Surname		Protocol		VINFLUNINE								SA (m²)	
				Course Name		Vinflunine 320mg/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		METOCLOPRAMIDE																
Actual dose		10 mg		Duration		PRN												
Route		PO		Start Date														
Frequency		TDS		Start Day		1												
Quantity Dispensed				Dispensed by														
				Accuracy check														
Note		28 x 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		DOCUSATE SODIUM																
Actual dose		100 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 : _____.																

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