

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

GEM WKLY

DOB

Patient NO

Local No.

Course Name:

Gemcitabine 1000mg/m2

Consultant

Ward

Type of 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 TRANSAM 3ULN	0.00	120.00	Day [1]			
ALK PHOSPH 2.5ULN	30.00	325.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE 1.5ULN	0.00	200.00	Day [1]			
Cockcroft >30mls/min	30.00	300.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
ALA TRANSAM 3ULN	0.00	120.00	Day [8]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [8]			
Cockcroft >30mls/min	30.00	300.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			
ALA TRANSAM 3ULN	0.00	120.00	Day [15]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [15]			
Cockcroft >30mls/min	30.00	300.00	Day [15]			
NEUTROPHILS > 1.0	1.00	15.00	Day [15]			
PLATELETS > 100	100.00	600.00	Day [15]			

Additional Prescribing Notes

Dose Modification

If Cockcroft <28 discuss with consultant

If ANC 0.5-1.0, Plts 50-100 give 75% of dose

If ANC <0.5, Plts <50 defer treatment

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%	IV				<div></div> <div>Batch No.</div>	<div></div> <div></div>	
1	T=:hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div> <div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:Preview

Parenteral

Intrathecal

Oral

2

0

2

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

Ward

NHS No

Partial Prescription0 of3 Segments

GEM WKLY

Gemcitabine 1000mg/m2

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	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	
8	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	
15	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	

Allocated by:

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Checked by: (Pharmacist)

Date:

Date:

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Date:

Chart Id.:Preview

Patient Details

Forename	Surname		Protocol	GEM WKLY					SA (m²)				
			Course Name	Gemcitabine 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	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
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	If pre-pack supplied record Batch Number : _____.																	

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

Forename	Surname		Protocol	GEM WKLY					SA (m²)	
			Course Name	Gemcitabine 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	15															
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.:Preview
Date:	Date:	Date:	Date:	
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