

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Consultant

NHS No

Course Name:

Type of line

No. of lumen:

TEMROIOLIMUS WEEKLY

Temsirolimus 25mg weekly

SA (m²)

Height (m)

Weight (kg)

Diagnosis

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Temsirolimus must be administered with via a non PVC infusion bag and IV set.</div>
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS > 50	50.00	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	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Give 30 mins prior to temsirolimus infusion.
1	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Give 30 mins prior to temsirolimus infusion.
1	T=hrs	TEMSIROLIMUS (25mg)	25 mg	SODIUM CHLORIDE 0.9% 250 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 30-60 mins. Must be administered via a non PVC infusion bag & IV set.

Allocated by:

Date:

Confirmed by:

Date: / /

Authorised by:

Date: / /

Checked by: (Pharmacist)

Date: / /

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

1

Patient Details

Forename	Surname		Protocol	TEMSIROLIMUS WEEKLY					SA (m²)		
			Course Name	Temsirolimus 25mg weekly					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 : _____.																	

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