

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

DOCETAXEL (Prostate)

DOB

Patient NO

Local No.

Course Name:

Single agent Docetaxel 75mg/m2 + Prednisolone

NHS No

Ward

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 | DOCETAXEL (75mg/m²) | mg | SODIUM CHLORIDE 0.9% 250 ml | IV | | Infuse over 1 Hrs at a rate 250 ml/hr | | <div></div> <div>Batch No.</div> | <div></div> | Monitor BP & PULSE before and @ 15 and 30 min after start ACUTE ALLERGIC REACTIONS MAY OCCUR |

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

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|------------|------------|--|-------------|---|-----------|--|--|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | DOCETAXEL (Prostate) | | | | | SA (m²) | | | | |
| | | | Course Name | Single agent Docetaxel 75mg/m2 + Prednisolone | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| Consultant | | | Ward | | Diagnosis | | | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|----------------|------------|---------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | PREDNISOLONE | | | | | | | | | | | | | | | | | |
| Actual dose | 10 mg | | Duration | 21 DAYS | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | OD | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | Dispensed by | | | | | | | | | | | | | | | | |
| | | Accuracy check | | | | | | | | | | | | | | | | |
| Note | | | | | | | | | | | | | | | | | | |
| 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 : _____. | | | | | | | | | | | | | | | | | |

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

Patient Details

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|----------|------------|-----------|-------------|---|--|--|--|--|------------|-------------|--|
| Forename | Surname | | Protocol | DOCETAXEL (Prostate) | | | | | SA (m²) | | |
| | | | Course Name | Single agent Docetaxel 75mg/m2 + Prednisolone | | | | | Height (m) | | |
| DOB | Patient NO | Local No. | | NHS No | | | | | | Weight (kg) | |
| | | | | | | | | | | | |
| | | Ward | | | | | | | | | |
| Address | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|--|------------|----------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | DEXAMETHASONE | | | | | | | | | | | | | | | | | |
| Actual dose | 8 mg | Duration | SEE NOTE | | | | | | | | | | | | | | | |
| Route | PO | Start Date | | | | | | | | | | | | | | | | |
| Frequency | SEE NOTE | Start Day | 21 | | | | | | | | | | | | | | | |
| Quantity Dispensed | Dispensed by | | | | | | | | | | | | | | | | | |
| | Accuracy check | | | | | | | | | | | | | | | | | |
| Note | To be taken 12 hours, 3 hours and 1 hour before next cycle of chemotherapy | | | | | | | | | | | | | | | | | |

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