

Patient Details

Forename

Surname

Protocol

CIS+ 5FU 28D

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C2+

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>If creatinine level increases by &gt;20% from baseline consider repeating EDTA and discuss with consultant.</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM 3ULN	0.00	120.00	Day [1]				
BILIRUBIN 3ULN	0.00	63.00	Day [1]				
COCKCROFT (>60)	60.00	300.00	Day [1]				
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	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	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	APREPITANT (125mg)	125 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 1 hour before cisplatin
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	CISPLATIN (80mg/m²)	mg	SODIUM CHLORIDE 0.9%  1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

2

0

2

Date:

Date:

Date:

Date:

Chart Id.:

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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	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUOROURACIL (4000mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 4 Days at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Infusor device 2ml/hr

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Date:

Date:

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			Course Name	Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C2+					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:	
/ /	/ /	/ /	/ /	

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				Course Name		Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C2+						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		If pre-pack supplied record Batch Number :_____.																
Drug & dose		APREPITANT																
Actual dose		80 mg		Duration		2 DAYS												
Route		PO		Start Date														
Frequency		OD		Start Day		2												
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:		
/ /		/ /		/ /		/ /		