

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

M-VAC with split dose Cisplatin

MVAC with split dose Cisplatin

Diagnosis _____

Protocol _____

Course Name: _____

Type of line _____

No. of lumen: _____

Page:1 of 8

SA (m²) _____

Height (m) _____

Weight (kg) _____

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
CREATININE(max 130)	0.00	130.00	Day [1]			
GFR MIN 50	50.00	200.00	Day [1]			
HAEMOGLOBIN >9	9.00	17.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
HAEMOGLOBIN >9	9.00	17.00	Day [15]			
NEUTROPHILS > 1.5	1.50	15.00	Day [15]			
PLATELETS > 100	100.00	600.00	Day [15]			
WHITE BLOOD CELL > 2.0	2.00	11.00	Day [15]			
HAEMOGLOBIN >9	9.00	17.00	Day [22]			
NEUTROPHILS > 1.5	1.50	15.00	Day [22]			
PLATELETS > 100	100.00	600.00	Day [22]			
WHITE BLOOD CELL > 2.0	2.00	11.00	Day [22]			

Additional Prescribing Notes

Vinblastine Administration: FOR INTRAVENOUS USE ONLY.
MAY BE FATAL IF GIVEN BY ANY OTHER ROUTE.
Patients with neo-bladder must have a foley catheter size 18FG or larger inserted prior to Methotrexate.

This must be flushed twice daily for 48-72 hours post methotrexate.
Folinic acid rescue to be given only if toxicities reported- at 30mg 6 hourly x 4 doses 24 hours post methotrexate

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	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	METHOTREXATE (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	POSTHYDRATION (1000ml)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: _____

Date: _____

Confirmed by: _____

Date: ____/____/____

Authorised by: _____

Date: ____/____/____

Checked by: (Pharmacist) _____

Date: ____/____/____

Parenteral 4

Intrathecal 0

Oral 4

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

M-VAC with split dose Cisplatin

MVAC with split dose Cisplatin

SA (m²)
Height (m)
Weight (kg)

Page:2 of 8

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)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	VINBLASTINE (3mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DOXORUBICIN (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	CISPLATIN (35mg/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>	

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Confirmed by:

Authorised by:

Checked by: (Pharmacist)

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Date:

Date:

Date:

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NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

M-VAC with split dose Cisplatin

MVAC with split dose Cisplatin

SA (m²)
Height (m)
Weight (kg)

Page:3 of 8

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
2	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	POSTHYDRATION (1000ml)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	CISPLATIN (35mg/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>	
3	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	HYDRATION (500ml)		SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	METHOTREXATE (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

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Checked by: (Pharmacist)

Date:

Date:

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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol _____

Course Name: _____

Parenteral Cytotoxic Chart

Partial Prescription0 of3 Segments

M-VAC with split dose Cisplatin

MVAC with split dose Cisplatin

SA (m²)
Height (m)
Weight (kg)

Page:4 of 8

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
15	T=hrs	VINBLASTINE (3mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	HYDRATION (500ml)		SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 2 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	METHOTREXATE (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
22	T=hrs	VINBLASTINE (3mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Forename		Surname		Protocol	M-VAC with split dose Cisplatin								SA (m²)		
				Course Name	MVAC with split dose Cisplatin								Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant				Ward		Diagnosis									
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	FOLINIC ACID																	
Actual dose	30 mg		Duration	4 DOSES														
Route	PO		Start Date															
Frequency	6 HOURLY		Start Day	2														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Start taking 24 hours after methotrexate. To be supplied only if toxicities reported																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	3														
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:	
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Forename	Surname		Protocol	M-VAC with split dose Cisplatin					SA (m²)				
			Course Name	MVAC with split dose Cisplatin					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	3														
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	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	3														
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:	
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Patient Details

Forename	Surname		Protocol	M-VAC with split dose Cisplatin					SA (m²)				
			Course Name	MVAC with split dose Cisplatin					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	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	FOLINIC ACID																	
Actual dose	30 mg		Duration	4 DOSES														
Route	PO		Start Date															
Frequency	6 HOURLY		Start Day	16														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Start taking 24 hours after methotrexate. To be supplied only if toxicities reported																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
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Forename	Surname		Protocol	M-VAC with split dose Cisplatin					SA (m²)				
			Course Name	MVAC with split dose Cisplatin					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	22														
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	FOLINIC ACID																	
Actual dose	30 mg		Duration	4 DOSES														
Route	PO		Start Date															
Frequency	6 HOURLY		Start Day	23														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Start taking 24 hours after methotrexate. To be supplied only if toxicities reported																	

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