

## Patient Details

Forename

Surname

## Protocol

EVEROLIMUS

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Everolimus 10mg

Consultant

Ward

Type of line

No. of lumen:

## Diagnosis

Prostatic carcinoma

NHS No

[illegible]

### Additional Prescribing Notes

Patients must be registered with the CDF before commencing treatment.

Supply Afinitor brand.

Prescribe emollients separately if required

Non-infectious pneumonitis has been associated with everolimus. Assess at each visit and refer to pulmonologist if required.

### Dose modification

1st episode

If ANC < 1 or Plts <75 delay until recovery and resume at 10mg

2nd episode +

If ANC < 1 or Plts <75 delay until recovery and resume at 5mg

If still not tolerated decrease to 5mg every other day

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	<div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div>	<div>1</div> <div>0</div> <div>2</div>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Chart Id.:</b>	
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# Oral Prescription Chart

Chemocare prescription V1.04

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## Patient Details

Forename	Surname		Protocol	EVEROLIMUS						SA (m²)			
			Course Name	Everolimus 10mg						Height (m)			
DOB	Patient NO		Local No.		NHS No						Weight (kg)		
Consultant			Ward		Diagnosis		Prostatic carcinoma						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	EVEROLIMUS																	
Actual dose	10 mg		Duration	30 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Please supply Afinitor brand. Patients must be registered with the CDF before commencing treatment.																	
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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	EVEROLIMUS						SA (m²)			
			Course Name	Everolimus 10mg						Height (m)			
DOB	Patient NO		Local No.		NHS No						Weight (kg)		
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg		Duration															
Route	PO		Start Date															
Frequency	PRN		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto a maximum of 8 cap/tabs in 24 hours. If pre-pack supplied record Batch Number : _____.																	

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