

Trust location: \_\_\_\_\_

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

Consultant \_\_\_\_\_ Ward \_\_\_\_\_

NHS No \_\_\_\_\_

Parenteral Cytotoxic Chart

Chemocare prescription V1.04

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Protocol CIS+ 5FU 28D

Course Name: Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C1

Type of line \_\_\_\_\_ No. of lumen: \_\_\_\_\_

Diagnosis \_\_\_\_\_

SA (m²) \_\_\_\_\_  
Height (m) \_\_\_\_\_  
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 1.5ULN	0.00	31.50	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: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by: (Pharmacist) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chart Id.: \_\_\_\_\_

Parenteral  
Intrathecal  
Oral

2  
0  
2

Trust location: \_\_\_\_\_

Parenteral Cytotoxic Chart

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Protocol \_\_\_\_\_

CIS+ 5FU 28D

SA (m²)

Height (m)

Weight (kg)

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: \_\_\_\_\_

Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C1

Ward \_\_\_\_\_

NHS No \_\_\_\_\_

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

Allocated by:

Date:

Confirmed by:

Date:  
/ /

Authorised by:

Date:  
/ /

Checked by: (Pharmacist)

Date:  
/ /

Chart Id.:

Patient Details

Forename	Surname		Protocol	CIS+ 5FU 28D					SA (m²)				
			Course Name	Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C1					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:	
/ /	/ /	/ /	/ /	

Forename		Surname		Protocol	CIS+ 5FU 28D								SA (m²)	
				Course Name	Cisplatin 80mg/m2 + 5FU 1000mg/m2/day infusor C1								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:	
/ /	/ /	/ /	/ /	