

Patient Details

Forename

Surname

Protocol

PACLITAXEL 3 WEEKLY

Address

DOB

Patient NO

Local No.

Course Name:

Paclitaxel 175mg/m2 single agent

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	RANITIDINE (50mg)	50 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	PACLITAXEL (175mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Paclitaxel must be administered with non-PVC IV set, infusion bag and =/< 0.22 micron in-line filter

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Forename	Surname		Protocol	PACLITAXEL 3 WEEKLY						SA (m²)		
			Course Name	Paclitaxel 175mg/m2 single agent						Height (m)		
DOB	Patient NO		Local No.		NHS No						Weight (kg)	
Consultant			Ward		Diagnosis							
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	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	20 mg		Duration	2 DOSES													
Route	PO		Start Date														
Frequency	SEE NOTE		Start Day	21													
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Pre-med: To be taken at midnight and at 6am before next cycle of chemotherapy. If pre-pack supplied record Batch Number : _____.																

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