

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

MITOXANTRONE FOR PROSTATE CA

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Mitoxantrone 12mg/m2 + contin Prednisolone 5mg BD

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Prostatic carcinoma

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
BILIRUBIN	0.00	21.00	Day [1]				
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS> 75	75.00	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	MITOXANTRONE (12mg/m²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 15 Mins at a rate 400 ml/hr		<div><div></div></div> <div>Batch No.</div>	<div><div></div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	MITOXANTRONE FOR PROSTATE CA					SA (m²)		
			Course Name	Mitoxantrone 12mg/m2 + contin Prednisolone 5mg BD					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	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	PREDNISOLONE																	
Actual dose	5 mg	Duration	21 DAYS															
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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