

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

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Patient Details

Forename

Surname

Protocol

SUNITINIB

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Sunitinib 50mg

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Prostatic carcinoma

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

Additional Prescribing Notes

Prescribe loperamide and emollients if required.

Sunitinib capsules are available in the following strengths- 12.5mg, 25mg and 50mg

First cycle of sunitinib is free of charge, complete Sutent 1st Cycle Free Request Form and hand in to pharmacy with prescription

Allocated by:
MARK BOUSFIELD

Date:
16/09/2016 16:14

Confirmed by:

Date:
/ /

Authorised by:

Date:
/ /

Checked by: (Pharmacist)

Date:
/ /

Chart Id.:

Parenteral

Intrathecal

Oral

1

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1

Patient Details

Forename	Surname		Protocol	SUNITINIB					SA (m²)				
			Course Name	Sunitinib 50mg					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	SUNITINIB																	
Actual dose	50 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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:	
/ /	/ /	/ /	/ /	