

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Forename

Surname

Protocol

EPIRUBICIN 20mg/m2

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Epirubicin 20mg/m2 weekly

Height (m)

Consultant

Ward

Type of line

Diagnosis

Weight (kg)

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS > 15	15.00	600.00	Day [1]				
NEUTROPHILS > 1.0	1.00	15.00	Day [8]				
PLATELETS > 15	15.00	600.00	Day [8]				

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	EPIRUBICIN (20mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	EPIRUBICIN (20mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:Preview

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Patient Details

Forename	Surname		Protocol	EPIRUBCIN 20mg/m2					SA (m²)				
			Course Name	Epirubicin 20mg/m2 weekly					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	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	8														
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.:Preview
Date:	Date:	Date:	Date:	
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