

Patient Details

Forename

Surname

Protocol

CABAZITAXEL+PREDNISOLONE

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Cabazitaxel 25mg/m² + prednisolone 10mg daily

Consultant

Ward

Type of line

SINGLELINE

Diagnosis

NHS No

[illegible]

Additional Prescribing Notes

Cabazitaxel should not be given if to patients with hepatic impairment of bilirubin >19, or AST and/or ALT >1.5x ULN

Caution in patients with moderate renal failure

30-50ml/min. No routine additional hydration is required. Consider hydration dependant on U&E results.



Dose modifications for Haematological adverse reactions: see NECN guidance

Do not use PVC infusion containers and polyurethane infusion sets.

An in-line 0.22 micron filter is required for administration.

HYPERSENSITIVITY: refer to Cabazitaxel hypersensitivity guidance for treatment pathway.

Primary prophylaxis with G-CSF should be considered in patients with high risk clinical features that predispose them to increased complications from prolonged neutropenia

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	ONDANSETRON (8mg)	8 mg	None	PO				 Batch No.		
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral 2</div> <div>Intrathecal 0</div> <div>Oral 2</div>
Date:			Date:		Date:		Date:				Chart Id.:
			/ /		/ /		/ /				

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

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1	T=:hrs	CHLORPHENAMINE (10mg)	10 mg		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	DEXAMETHASONE (8mg)	8 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CABAZITAXEL (25mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Cabazitaxel must be administered via an in-line 0.22 micron filter

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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			Course Name	Cabazitaxel 25mg/m2 + prednisolone 10mg daily					Height (m)				
DOB	Patient NO		Local No.		NHS No					Weight (kg)			
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose	10 mg		Duration	21 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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 : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Oral Prescription Chart

Chemocare prescription V1.02

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			Course Name	Cabazitaxel 25mg/m2 + prednisolone 10mg daily										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	LOPERAMIDE																	
Actual dose	4 mg		Duration	SEE NOTE														
Route	PO		Start Date															
Frequency	SEE NOTE		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto a maximum of 8 cap/tabs in 24 hours. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	