

Parenteral Cytotoxic Chart

Chemocare prescription V1.08

Patient Details

Forename

Surname

Protocol

CARBO MV

DOB

Patient NO

Local No.

Course Name:

Carbo MV -Carboplatin, Methotrexate, Vinblastine

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
BILIRUBIN	0.00	21.00	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
BILIRUBIN	0.00	21.00	Day [8]			
CREATININE(max 130)	0.00	130.00	Day [8]			
NEUTROPHILS > 1.5	1.50	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			
WHITE BLOOD CELL >3	3.00	11.00	Day [8]			

Additional Prescribing Notes

Carboplatin dose= (Non normalised GFR + 25) x AUC

Carboplatin dose must be based on an ACCURATE measure of GFR, ideally by EDTA or measured CrCl before 1st cycle (GFR>40) and the GFR value and date of test documented in the chemocare treatment notes. If creatinine level increases by >20% from the result used to calculate GFR consider repeating EDTA and discuss with consultant.

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	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:
Date:

Confirmed by:
Date: / /

Authorised by:
Date: / /

Checked by: (Pharmacist)
Date: / /

Chart Id.:Preview

Parenteral

Intrathecal

Oral

2

0

4

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

Ward

NHS No

Partial Prescription0 of2 Segments

CARBO MV

Carbo MV -Carboplatin, Methotrexate, Vinblastine

SA (m²)

Height (m)

Weight (kg)

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	METHOTREXATE (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	VINBLASTINE (4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CARBOPLATIN (AUC5)	mg	Glucose 5% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	METHOTREXATE (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	VINBLASTINE (4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Date:

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Date:

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Date:

Checked by: (Pharmacist)

Date:

Chart Id.:Preview

Patient Details

Forename	Surname		Protocol	CARBO MV					SA (m²)				
			Course Name	Carbo MV -Carboplatin, Methotrexate, Vinblastine					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
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 : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
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.:Preview
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CARBO MV					SA (m²)				
			Course Name	Carbo MV -Carboplatin, Methotrexate, Vinblastine					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	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	FOLINIC ACID																	
Actual dose	30 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	6 HOURLY		Start Day	2														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Folinic acid to be taken 24 HOURS after Methotrexate injection																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:Preview
Date:	Date:	Date:	Date:	
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Oral Prescription Chart

Chemocare prescription V1.08

Patient Details

Forename	Surname		Protocol	CARBO MV					SA (m²)				
			Course Name	Carbo MV -Carboplatin, Methotrexate, Vinblastine					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	8														
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	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		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:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	CARBO MV					SA (m²)				
			Course Name	Carbo MV -Carboplatin, Methotrexate, Vinblastine					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	8														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	FOLINIC ACID																	
Actual dose	30 mg		Duration	1 DAY														
Route	PO		Start Date															
Frequency	6 HOURLY		Start Day	9														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Folinic acid to be taken 24 HOURS after Methotrexate injection																	

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