

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

GEMCITABINE+CISPLAT split day

Gemcitabine + Cisplatin split day

SINGLELINE

Protocol _____

Course Name: _____

Type of line _____

No. of lumen: _____

Diagnosis _____

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)						
CREATININE(max 130)	0.00	130.00	Day [1]			
GFR MIN 50	50.00	200.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [8]			
GFR MIN 50	50.00	200.00	Day [8]			
NEUTROPHILS > 1.5	1.50	15.00	Day [8]			
PLATELETS > 100	100.00	600.00	Day [8]			

Additional Prescribing Notes

Dose Modifications

If GFR 40-45 discuss with consultant

If GFR <40 No Cisplatin

If ANC 0.5-1.5 or Plts 50-100 give 75% of dose

If ANC <0.5 or Plts <50 on day 1 defer for 1 week, omit 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	PRE HYDRATION (1000ml)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<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	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	GEMCITABINE (1250mg/m²)	mg	SODIUM CHLORIDE 0.9% 220 ml	IV		Infuse over 30 Mins at a rate 440 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: _____

Date: _____

Confirmed by: _____

Date: ____/____/____

Authorised by: _____

Date: ____/____/____

Checked by: (Pharmacist) _____

Date: ____/____/____

Parenteral
Intrathecal
Oral

3
0
3

Trust location: _____

Patient Details

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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

GEMCITABINE+CISPLAT split day

Gemcitabine + Cisplatin split day

SA (m²)
Height (m)
Weight (kg)

Page:2 of 6

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	FLUSH (50ml)	50 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	CISPLATIN (35mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FLUSH (50ml)	50 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	FLUSH VARIABLE VOLUME
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	PRE HYDRATION (1000ml)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	DEXAMETHASONE (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Partial Prescription0 of2 Segments

GEMCITABINE+CISPLAT split day

Gemcitabine + Cisplatin split day

Page:3 of 6

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
8	T=hrs	GEMCITABINE (1250mg/m²)	mg	SODIUM CHLORIDE 0.9% 220 ml	IV		Infuse over 30 Mins at a rate 440 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
8	T=hrs	FLUSH (50ml)	50 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	FLUSH VARIABLE VOLUME
8	T=hrs	CISPLATIN (35mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
8	T=hrs	FLUSH (50ml)	50 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	FLUSH VARIABLE VOLUME
8	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date: / /	Date: / /	Date: / /	Date: / /

Forename		Surname		Protocol		GEMCITABINE+CISPLAT split day								SA (m²)	
				Course Name		Gemcitabine + Cisplatin split day								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		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)			
Date:		Date:		Date:		Date:			
/ /		/ /		/ /		/ /			

Patient Details

Forename	Surname		Protocol	GEMCITABINE+CISPLAT split day						SA (m²)				
			Course Name	Gemcitabine + Cisplatin split day						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	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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Forename		Surname		Protocol		GEMCITABINE+CISPLAT split day						SA (m²)	
				Course Name		Gemcitabine + Cisplatin split day						Height (m)	
DOB		Patient NO		Local No.		NHS No						Weight (kg)	
				Ward									
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		8												
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		8												
Quantity Dispensed				Dispensed by														
				Accuracy check														
Note		If pre-pack supplied record Batch Number : _____.																

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Date:		Date:		Date:		Date:			
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