Instructions for use – Fill 2 copies of these prescription sheets every time the patient comes to hospital. Keep a copy in the case note and give one to the patient as personal record

IV Chemotherapy Pre-Order and Prescription Form Sheet No: **CLASSICAL CMF X 6** Date: (Adjuvant Tx for Breast) **Hospital No:** Surname: Cyclophosphomide 100mg/m2 per oral on days 1 - 14 First Name: 40mg/m2 days 1 and 8 Methotrexate Age: 600mg/m2 days 1 and 8 cycled every 28 days **Fluorouracil** Sex: This is treatment no: Clinic/ Ward Height cm Consultant Weight Kg BŠA m2 Ordered by Confirmed Stage (signed by) This is **Drugs** Dose Vol.. **Date Required** Drugs Dose Vol.. Route & Route & treatment no: Duration Duration Day 1 Methotrexate 40mg Day 8 Methotrexate 40mg Dilute Dilute FBC result FBC result to 25 to 25 Please circle choice 50mg + Please circle choice of 50mg +5mg **PCV (>30%) PCV (>30%)** mg/ml mg/ml of dose-5mg drua-60mg and and State reason for 60mg 70mg State reason for using give by give by **WBC WBC** using unlisted dose unlisted dose 80mg 70mg bolus bolus (>2,500IV over (>2,500 IV over Other 80mg cells/cc) = 2 mins cells/cc) = 2 mins Other Fluorouracil 800mg Fluorouracil 800mg Dilute Dilute **PLATELETS PLATELETS** to 50 to 50 (>100,000 Please circle choice 900mg (>100,000 Please circle choice of 900mg mg/ml mg/ml cells/cc) = cells/cc) = of dose-1000mg + 1000mg and and Reason for using 50mg Reason for using +50mg infuse infuse unlisted dose 1100mg unlisted dose 1100mg in 1 L in 1 L of of 1200mg 1200mg Normal Normal Other Other saline saline Cyclophosphomide tablets in 50 mg per tabs may be given either as 50 mg b.d.; t.d.s. or q.d.s. for 14 days depending on body surface area Sign the appropriate box below on day of treatment to indicate what should be done Stop all Treatment Stop all Treatment Give treatment as Dose has changed Give treatment as Dose has changed prescribed see new prescribed see new prescription prescription Defer treatment Change of Treatment Defer Until Change of Treatment (insert Date) (insert Date)

Version date: Saturday, June 16, 2007

Indicate anti-emetics if any below