

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:**

<b>Date:</b>		<b>CAPEOX</b>		<b>Hospital No:</b>	
<b>No. of Cycles patient should get =</b>	Oxaliplatin 130mg/m2 stat; Capecitabine 850 mg/m2 bd for 14 days Bevacizumab 7.5 mg/kg <b>Treatment is given every 3 weeks</b>			<b>Surname:</b>	
				<b>First Name:</b>	
Diagnostic Group		COLON and RECTUM	Clinic/ Ward	Height	cm
Stage			Consultant	Weight	Kg
Status				BSA	m2
<b>Date Required</b>	<b>Drugs</b>	<b>Dose</b>		<b>Vol., Route &amp; Duration</b>	
<b>Day 1</b>	<b>Oxaliplatin</b> Please circle choice of dose- <i>State reason for using unlisted dose below</i>	150mg 160mg 170mg + 5mg 180mg 190mg 200mg 210mg		IV infusion over 2 hours	
<b>FBC</b> PCV = WBC =					
<b>PLAT =</b>	<b>Capecitabine</b> Please circle choice of dose- <i>State reason for using unlisted dose below</i>	Other 1000mg 1200mg 1400mg + 100mg 1600mg 1800mg Other		B.D. per oral	
	<b>Bevacizumab</b> Please circle choice of dose- <i>State reason for using unlisted dose below</i>	450mg 550mg + 50mg 650mg 750mg Other		Dilute in 100 ml of Normal Saline and infuse over 90 minutes; after giving other chemotherapy	

**Sign the appropriate box below on day of treatment to indicate what should be done**

Give treatment as prescribed	Dose has changed – see new prescription	Stop all Treatment	Give treatment as prescribed	Dose has changed – see new prescription	Stop all Treatment
Defer treatment until (insert Date)	Change of Treatment		Defer Until (insert Date)	Change of Treatment	

**Indicate anti-emetics if any below**