

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:

Date:		Weekly IFL		Hospital No:	
No. of Cycles patient should get =	Leucovorin 20 mg/m2 5 FU 500mg/m2 Treatment is given every week			Surname:	Sex:
				First Name:	
Diagnostic Group	COLON and RECTUM	Clinic/ Ward		Height	cm
Stage		Consultant		Weight	Kg
Status				BSA	m2
Date Required	Drugs	Dose	Vol., Route & Duration		
Day 1	Leucovorin Please circle choice of dose- <i>State reason for using unlisted dose below</i>	20mg 30mg 40mg + 5mg Other	IV infusion over 2 hours		
FBC PCV =	5 FU Please circle choice of dose- <i>State reason for using unlisted dose below</i>	600mg 700mg 8000mg + 100mg 900mg 100mg Other	Bolus		
WBC =					
PLAT =					

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