

Division of Oncology, Department of Surgery, University College Hospital, Ibadan, Nigeria

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: _____

ECis (Osteosarcoma)			Date: _____		
Epirubicin 100mg/m ²			Hospital No: _____		
Cisplatin 100mg/m ²			Surname: _____		
Every 3 weeks			First Name: _____		
			Sex: _____ Age: _____		
This is treatment course number:		Clinic/Ward Consultant		Height	cm
				Weight	Kg
				BSA	m ²
Stage =		Treatment Ordered by (signed)		Treatment Confirmed by	

FBC results	Drugs	Dose	Volume (ml)	Route & Duration
PCV (>30%) = WBC (>2,500 cells/cc) = PLATELETS (>100,000 cells/cc) =	Epirubicin Please circle choice of dose <i>State reason for using unlisted dose</i>	150mg 160mg+ 5mg 170mg 180mg 190mg 200mg Other	Dilute drug to achieve concentration of 2 mg/ml	Set up running IV drip and give drug by slow IV push
	Cisplatin Please circle choice of dose <i>State reason for using unlisted dose</i>	150mg 160mg 170mg+ 5mg 180mg Other:	Dilute in 100 mls of Normal saline	Give by IV drip over 2 hours

Filgrastim 5 ug/kg/d daily S/C until Neutrophil count is above 2500 cells/cc

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

Given treatment as prescribed	Dose has changed - see new prescription	Stop All Treatment	Defer treatment until (insert date)	Change of Treatment

Anti-emetics

Other supportive treatments

Name	Dose	Vol	Route	Name	Dose	Timing	Days
Ondasetron	10 mg	Bolus	IV	Ondasetron tablets	8 mg	b. d.	
OR Other HT3 receptor antagonist							
Dexamethasone	10 mg	Bolus	IV	Dexamethasone tablets	4 mg	t. d. s.	