

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>EP (Metastatic Germ Cell Cancer)</b>		<b>Hospital No:</b>	
<b>No. of Cycles patient should get =</b>	Etoposide 100mg/m2 days 1 to 5			<b>Surname:</b>	
	Cisplatin 20mg/m2 days 1 to 5			<b>First Name:</b>	
<b>Every 3 weeks, 3 courses followed by VAC</b>			<b>Age:</b>		<b>Sex:</b>
Diagnostic Group	Germ Cell	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>Etoposide</b>	150mg		IV infusion of 20mg/ml/6 minutes	
<b>FBC</b>	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	160mg			
<b>PCV =</b>		170mg + 5mg			
<b>WBC =</b>		180mg			
<b>PLAT =</b>		190mg			
		200mg			
		Other		IV infusion in 250 ml of normal saline	
	<b>Cisplatin</b>	20mg			
	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	30mg+ 5mg			
		40mg			
		Other			

**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	

**Antiemetics**

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