

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:		PC (Epithelial Ovarian cancer)		Hospital No:	
No. of Cycles patient should get =	Paclitaxel 135 mg/m2 IV on day 1			Surname:	Sex:
	Cisplatin 100mg/m2 IP on day 2				
	Paclitaxel 60 mg/m2 IP on day 8			First Name:	
	Every 3 weeks			Age:	
Diagnostic Group	Ovarian	Clinic/ Ward		Height	cm
Stage		Consultant		Weight	Kg
Status				BSA	m2
Date Required	Drugs	Dose	Vol., Route & Duration		
Day 1	Paclitaxel	150mg	IV infusion over 24 hours		
FBC	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	160mg			
PCV =		170mg + 5mg			
WBC =		180mg			
PLAT =		190mg			
		200mg			
		210mg			
	Other				
Day 2	Cisplatin	140mg	lintraperitoneal infusion in 250 ml of normal saline on day 2		
	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	150mg+ 5mg			
		160mg			
		170mg			
		180mg			
		Other			
Day 8	Paclitaxel	80mg	lintraperitoneal infusion in 250 ml of normal saline on day 2		
FBC	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	90mg + 5mg			
PCV =		100mg			
WBC =		110mg			
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	

Antiemetics

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.	