

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>PC (NSC Lung cancer)</b>		<b>Hospital No:</b>	
<b>No. of Cycles patient should get =</b>	Paclitaxel 200 mg/m <sup>2</sup> IV on day 1			<b>Surname:</b>	<b>Sex:</b>
	Cisplatin 100mg/m <sup>2</sup> IP on day1				
	Bevacizumab 15 mg/kg on day 1			<b>First Name:</b>	
	<b>Every 3 weeks</b>			<b>Age:</b>	
Diagnostic Group	Ovarian	Clinic/ Ward		Height	cm
Stage		Consultant		Weight	Kg
Status				BSA	m <sup>2</sup>
<b>Date Required</b>	<b>Drugs</b>	<b>Dose</b>		<b>Vol., Route &amp; Duration</b>	
<b>Day 1</b>	<b>Paclitaxel</b>	200mg		Dissolve in 250 ml of Normal Saline infusion over 3 hours	
<b>FBC</b>	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	250 mg + 25 mg			
PCV =		300mg			
WBC =		Other			
PLAT =					
	<b>Cisplatin</b>	140mg		Dissolve in 250 ml of Normal Saline infusion over 2 hours	
	Please circle choice of dose- <i>State reason for using unlisted dose below</i>	150mg+ 5mg			
		160mg			
		170mg			
		180mg			
		Other			

If Bevacizumab is provided, dilute = \_\_\_\_\_ in 100 ml of Normal Saline and infuse over 90 minutes; after giving other chemotherapy; every 3 weeks

**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.	