

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:		BEP (Germ Cell Cancer)		Hospital No:	
No. of Cycles patient should get =	Etoposide 100mg/m2 days 1 to 5			Surname:	Sex:
	Cisplatin 20mg/m2 days 1 to 5				
	Bleomycin 30 units on days 1, 8 and 15			Age:	
	Every 3 weeks, 3 courses followed by VAC				
Diagnostic Group	Germ Cell Cancer	Clinic/ Ward		Height	cm
Stage		Consultant		Weight	Kg
Status				BSA	m2
Date Required	Drugs	Dose	Vol., Route & Duration		
Day 1 FBC PCV =	Etoposide Please circle choice of dose- <i>State reason for using unlisted dose below</i>	150mg	IV infusion of 20mg/ml/6 minutes		
WBC =		160mg			
PLAT =		170mg + 5mg			
		180mg			
		190mg			
		200mg			
		Other			
Day 8 FBC PCV =	Cisplatin Please circle choice of dose- <i>State reason for using unlisted dose below</i>	20mg	IV infusion in 250 ml of normal saline		
WBC =		30mg+ 5mg			
PLAT =		40mg			
		Other			
Day15 FBC PCV =	Bleomycin Please circle choice of dose- <i>State reason for using unlisted dose below</i>	20units	IV push over 10 mins		
WBC =		30units + 5units			
PLAT =		40units			
		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.	
OR Other HT3 receptor antagonist							
Dexamethasone	10 mg	Bolus	IV	Dexamethasone tablets	4 mg	t. d. s.	