



CHEMOTHERAPY ADMINISTRATION WORKSHEET

PIH/MOH Malawi :: KS Program

Patient Name: _____ Village/District/TA: _____ DOB: _____
 Height: _____ KS #: _____ ART #: _____ ART Site: _____

Cycle #	Date	Wt (kg)	BSA (m2)	Hgb	WBC	ANC	PLT	AST	ALT	Cr	Labs Safe? (Y/N)	Medication/Dose (Check One)
												<input type="checkbox"/> Vincristine 2ma IV+Bleomvcin 15IU IM
												<input type="checkbox"/> Vincristine 2ma IV+Bleomvcin 15IU IM
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- **Review FBC before administering any chemotherapy.**
 HOLD chemotherapy and mark 'N' in 'Labs Safe' column if:
ANC < 1000/mm³ or **HgB < 7.0 g/dL** or **Platelets < 75K/mm³**
 - **Bleomycin** is given as a single 15 IU (1 vial) IM dose administered once weekly.
 - **Vincristine** is given as a single 2mg (1 vial) IV dose administered over 5 minutes once weekly.
 - **Taxol Regimen:** Taxol is given by BSA. Use the *Taxol Administration Record Sheet* to calculate Taxol dose.

Record Adverse Events Below (Hypotension, Allergic Reaction, Rash, SOB, Peripheral Neuropathy, Other)

Adverse Event: _____ Date: _____

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Adverse Event: _____ Date: _____

PACLITAXEL (TAXOL) Administration Record Sheet

Name:

Village:

Date:

Cycle #:

VHW:

Has the History & Physical exam sheet been completed and placed in KS register file?

Yes No

Is the Consent sheet signed by patient and clinicians and placed in KS register file?

Yes No

WT (kg): _____

HT (cm): _____

BSA (Mosteller Formula, m²): _____

Mosteller formula: $BSA (m^2) = ([height(cm) \times weight(kg)]/3600)^{1/2}$

Are all basic lab tests normal? ***If ANC <1000 or PLT <75,000, high SGOT/SGPT (4-5 X ULN), or jaundice, contact a physician, do NOT give TAXOL***

WBC:

PLT:

AST:

ALT:

Cr(q6wk):

Jaundice: Yes No

1. Prehydration: [] IV NS or RL 500 ml over 3-4 hours **before** Taxol time: _____

[] Encourage additional oral fluids (water, Fanta, etc.) in the morning before Taxol

2. Premedication: [] Dexamethasone 20mg slow IV 60 min **before** Taxol time: _____
(First cycle only)

[] Dexamethasone 8mg slow IV 60 min **before** Taxol time: _____
(All subsequent cycles)

[] Promethazine 25 mg slow IV 60 min **before** Taxol time: _____

[] Cimetidine 200 mg PO 30 min **before** Taxol time: _____

3. Immediately before giving TAXOL:

[] Make sure that IV is flowing well

[] Have at bedside 10ml Adrenaline 1:10,000 (1 amp of Adrenaline in 9ml of sterile water)

4. Chemotherapy: [] Paclitaxel $100mg/m^2 \times BSA (m^2) = \underline{\hspace{1cm}}$ mg, divided by 6mg/ml = _____ mL of Taxol to draw up. Mix this amount in 250 mL **NORMAL SALINE only**, and give over 3 hours. To calculate rate of delivery take this total amount of solution (250mL + # mL of Taxol)

_____ mL solution x (1/180min) x 20 drops/ml = (Drops per minute) _____

Starting time: _____

Ending time: _____

[] Check vital signs every 30 min during TAXOL administration (record TIME)

_____ : T HR BP RR _____ : T HR BP RR

_____ : T HR BP RR _____ : T HR BP RR

_____ : T HR BP RR _____ : T HR BP RR

_____ : T HR BP RR

[] Give 10mL IV NS flush after TAXOL infusion is complete.

Carefully control possible allergic signs and IV site irritation:

- **If fever, chills, facial redness, skin eruption, dyspnea, hypotension (SBP < 90mmHG): stop IV and contact the physician immediately. Give paracetamol 500mg PO, physician to consider additional drugs (Epinephrine, etc.)**
- **If redness or burning sensation from IV site: stop IV immediately and contact the physician**

5. Post-hydration: Give IV NS or RL 500mL for 4 hours after TAXOL, and encourage oral fluids.

6. Post-medication: If patient feels nausea or is vomiting,

Give Promethazine 25mg IV/IM, **6 hours after TAXOL infusion**

OR

Ondansetron 8mg tab ORAL x 1, **12 hours after TAXOL infusion**

7. Prior to Discharge:

Take out IV

Give Ciprofloxacin 250mg, 2 tabs BDS x 5d supply (only per instructions)

Give Thermometer and instruct VHW/patient to take Temperature EVERY DAY, and if >38C, instruct that patient begin Cipro and come immediately to Neno District Hospital without delay

Next 3 week Appointment Date given to patient/VHW: _____

Treating RN: _____

Treating CO: _____

Treating MD: _____