

# CHEMOTHERAPY DRUG CHART

(Patient Label)

Diagnosis : \_\_\_\_\_ Allergy: \_\_\_\_\_

Protocol \_\_\_\_\_ Cycle No. : \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BSA: \_\_\_\_\_

Investigations : Serum Creatinine \_\_\_\_\_ Serum Bilirubin \_\_\_\_\_

CBP \_\_\_\_\_ Hb \_\_\_\_\_ Total WBC \_\_\_\_\_ Neutrophils \_\_\_\_\_ Platelets \_\_\_\_\_

## Premedication's

Start Date	Name of the Drug & Indications. (Drug Name to be written in Capitals)	Dose	Route	Mixing Fluid	Qty (ml)	Duration	Dr. Sign	To be completed by Nurse		
								Time given & initials		
								Date :	Sign	Sign
								Start Time		
	Indications :							End Time		
								Start Time		
	Indications :							End Time		
								Start Time		
	Indications :							End Time		
								Start Time		
	Indications :							End Time		
								Start Time		
	Indications :							End Time		

## Chemotherapy Drugs

Start Date	Name of the Drug & Indications. (Drug Name to be written in Capitals)	Dose	Route	Mixing Fluid	Qty (ml)	Duration	Dr. Sign	To be completed by Nurse		
								Time given & initials		
								Date :	Sign	Sign
								Start Time		
								End Time		
								Start Time		
								End Time		
								Start Time		
								End Time		
								Start Time		
								End Time		

								Start Time			
								End Time			
								Start Time			
								End Time			

(If any concentrated Electrolyte is administered, the orders need to be checked & signed by 2 individuals)  
 Do not use abbreviations - U, IU, QD, QOD, MS, MS04, MgSO4, Trailing Zero, Lack of Leading Zero. (Eg 1., .1)

## Post Medications

Start Date	Name of the Drug & Indications. (Drug Name to be written in Capitals)	Dose	Route	Mixing Fluid	Qty (ml)	Duration	Dr. Sign	To be completed by Nurse														
								Time and sign of the nurse along with verified Sign														
								Date :				Date :				Date :						
	Indications :																					
	Indications :																					
	Indications :																					

## Concentrated Electrolytes/High Risk Medications

Start Date	Name of the Drug & Indications. (Drug Name to be written in Capitals)	Dose	Route	Site	Freq	Sign	To be completed by Nurse															
							Time and sign of the nurse along with verified Sign															
							Date :				Date :				Date :							
	Indications :																					
	Indications :																					
	Indications :																					

## SOS/STAT MEDICATION

Date & Time	Name of the Drug & Indications. (Drug Name to be written in Capitals)	Dose	Route	Dosage Instruction	Time To Be Given	Doctor's Sign	Given By		
							Name	Time	Sign
	Indications :								
	Indications :								

### ADDITIONAL NOTES & INSTRUCTIONS

(If any concentrated Electrolyte is administered, the orders need to be checked & signed by 2 individuals)  
Do not use abbreviations - U, IU, QD, QOD, MS, MS04, Mg504, Trailing Zero, Lack of Leading Zero. (Eg 1., .1)