

Deliver to: _____	Height - cm	Name _____ NHI: _____
	Weight - Kg	
	Ideal body Weight	Ward _____ DOB: _____ Consultant: _____
	Surface Area - m ²	

(Fix label here or fill in)

Date _____

INTRATHECAL CHEMOTHERAPY MEDICATION CHART

ALL PERSONNEL COMPLETING ANY ASPECT OF THIS CHART MUST BE ON THE INTRATHECAL CHEMOTHERAPY REGISTER

Prescription				Administration		
Protocol _____	Cycle _____	Day _____		Ensure checklist below has been completed		
Drug (do not abbreviate)	Dose	Route	Doctor (signed)	Given (signed)	Checked (signed)	Time
		Intrathecal				
		Intrathecal				
		Intrathecal				

CHECKLIST

The following must be checked by a clinical pharmacist (circle):

	YES	NO	Pharmacist (signed)
Correct chemotherapy treatment dose(s) as per patients' protocol			
Correct timing of intrathecal dose(s)			

The following must be checked at the time of supply of medication from Pharmacy:

	YES	NO	Pharmacy (signed)	Collector (signed)
Are intravenous cytotoxic drugs to be given on the same day as intrathecal? <input type="checkbox"/> These are unmade <input type="checkbox"/> These remain in cyto until IT is given <input type="checkbox"/> The signed admin chart has been witnessed				
Correct patient (check patient name and NHI)				
Drug name(s), dose(s), volume(s) and expiry date(s)				

The following must be checked at the time of administration of intrathecal drug:

	YES	NO	Doctor (signed)	Checker (signed)
Correct patient (check patient name and NHI)				
Drug name(s), dose(s), volume(s) and expiry date(s)				