

CYCLE & DOSE ADMINISTRATION

CR No. CTUB004

Name of Patient I

Course No	1/12	2/12	3/12				
Day, month, year	29/11/16	30/11/16	1/12/16		22/12	23/12	24/12
Blood Count	OK	OK	OK		OK	OK	OK
Name of the drug & route	Dose	Dose	Dose	Dose	Dose	Dose	Dose
1 <u>iv</u> : CDDP <u>iv</u>	50mg	50mg	50mg		50	50	50
2 <u>iv</u> : ADR	90mg	-	-		90	X	X
3 <u>iv</u> : HLX <u>iv</u>	1.95g	1.95g	1.95g		1.95g	1.95	1.95
4 infusion							
5 <u>iv</u> : mesna <u>iv</u>	400mg 0-4-8	400mg 0-4-8	400mg 0-4-8		400 0-4-8	400 0-4-8	400 0-4-8
6 IVF NS	20	20	20	20	20	20	20
7							
8							
Name & Signature of doctor	<u>B</u>	<u>B</u>	<u>B</u>				
Name & Signature of nurse	<u>Bash</u>	<u>Nige</u>	<u>Yuf</u>		<u>B</u>	<u>Shu</u>	<u>Bash</u>

Course No	<u>Booked</u>						
Day, month, year	14/11/16	15/11	16/11				
Blood Count	OK	OK	OK				
Name of the drug & route	Dose	Dose	Dose	Dose	Dose	Dose	Dose
1 <u>iv</u> : CDDP	50	50	50				
2 <u>iv</u> : ADR	90mg	X	X				
3 <u>iv</u> : HLX <u>iv</u>	1.95g	1.95g	1.95g				
4 <u>iv</u> : mesna	400 0-4-8	400 0-4-8	400 0-4-8				
6 IVF 20NS	20	20	20				
7							
8							
Name & Signature of doctor	<u>B</u>	<u>B</u>	<u>B</u>				