HSS Chemotherapy Protocol/Medication Authority

Ph 1800 854 300
Fax 1800 854 611
Email hss@hss.com.au

HSS home support services

Patient Details

Title Surname

Given Names

Date of Birth Ph.

Address

State Postcode

PICC Insitu ☐ Yes ☐ No Portacath ☐ Yes ☐ No Cannulation Req. ☐ Yes ☐ No

Chemotherapy Cycle – Home Days Clinic Days

Medication Alert (Allergies)	

Administration Record

Height (cm)	Weight (kg)	BSA (m^2)

Diagnosis and Stage

Treatment Protocols

Date						
Hb (g/L)						
Platelets (x 10^9/L)						
WBC (x 10^9/L)						
Neutrophils (x 10^9/L)						
Creatinine (umol/L)						
Others						
PICC line length (cm)						

Course No.	Course No.	Course No.	Course No.	Course No.	Course No.
Date	Date	Date	Date	Date	Date

Pre Medication	Dose/Route	Duration/Carrier	Start Date	End Date	Sign/Time	Sign/Time	Sign/Time	Sign/Time	Sign/Time	Sign/Time
Cytotoxic Therapy	Dose/Route	Duration/Carrier	Start Date	End Date	Sign/Time	Sign/Time	Sign/Time	Sign/Time	Sign/Time	Sign/Time
Post Treatment	Dose/Route	Duration/Carrier	Start Date	End Date	Sign/Time	Sign/Time	Sign/Time	Sign/Time	Sign/Time	Sign/Time

M.O. Signature		**Consent:** I have informed the patient/representative of the nature, likely results and risks associated with this treatment.

Medical Oncologist Details

Prescriber No. Provider Name Ph.

Standard_A v2.0 July 2018

Chemotherapy Protocol/Medication Authority
Home Support Services Pty Ltd | ACN 008 193 100

References: eviQ Cancer Treatments Online, Australian Injectables Drug Handbook, Sixth Edition