RM Partners
West London Cancer Alliance
Hosted by The Royal Marsden NHS Foundation Trust

SELCA
South East London Cancer Alliance

NHS
North Central and East London Cancer Alliance

Case 12: FEC

Patient Details

Patient name	Patient 2, zzTEST NWLHT
Hospital number	NWLHHospo2
NHS number	X44556677
DOB	18/06/1951

Disease Information

Primary disease	Breast cancer
Stage	
Disease status	
Histology	

Treatment Information

Aim	Curative
Line	1st line
Regimen	EC
No. of cycles	6
Response assessment after	
Concurrent radiotherapy	No

Blood Results

Date	Hb	WBC	Plt	N
07/05/19	133	6.4	328	3.7

Biochemistry

Date	ALT	Bili	Cr	CrCl (C&G)	EDTA
07/05/19	18	5	63		

Hickman Line/PICC Line ☐

MUGA/ECHO ☐

ECG ☒

Lung Function ☐

Completed by_____ A Doctor (VMs, MD) **Date** 07/05/19

Discussion Points

Printed May 09, 2019 10:35

NWLHT Test Ward

Diagnosis: **Malignant neoplasm: Breast, unspecified**
Allergies: **No Known Allergies**
Ordered by: **Vms, MD**

Regimen: **MVCN FEC-T**

Surname: **zzTEST NWLHT**
Forename: **Patient 2**
MRN **NWLHHospNo2**
NHS # **x44556677**
ARIA Patient ID **ARIA0047291**
Date of Birth: **18 Jun, 1951** Age: **67**
Gender: **Female**

Ht	181.5 cms	24/10/2018	Wt	96 kg	24/10/2018	BSA	2.20 sq.m	24/10/2018

Consultant:
Visit Provider: [redacted]

(Rx ID 180201139)

Ordered by: **Vms, MD** Regimen: **MVCN FEC-T**
Pharmacy Approved by: at:

Chemodispensary Dispensed Medication (Internal Supplied medication)

			PHARMACY				ADMIN	
			Validated	Label	Dispensed	Checked	Checked	Given
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**DEXAMETHASONE SODIUM PHOSPHATE 8 mg tablet Oral daily for 1 day**						
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**ONDANSETRON 8 mg tablet Oral daily for 1 day**						
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**SODIUM CHLORIDE 0.9% w/v [Fast running drip] 500 mL infusion Intravenous daily intermittent for 1 day**						
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**EPIRUBICIN (DOSE BANDED) 200 mg (at 100 mg/m2) injection Intravenous daily bolus over 3 minutes for 1 day**						
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**FLUOROURACIL [BOLUS] (DOSE BANDED) 1,000 mg (at 500 mg/m2) injection Intravenous daily bolus over 3 minutes for 1 day**						
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**CYCLOPHOSPHAMIDE [Injection] (DOSE BANDED) 1,000 mg (at 500 mg/m2) injection Intravenous daily bolus over 3 minutes for 1 day**						
May 09, 2019 **MVCN FEC-T Cycle 1**	Day 1	**Weight Based Dosing - Prescriber Check Weight 1 unknown Not Assigned daily for 1 day**						

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Consultant:
Visit Provider: [redacted]

(Rx ID 180201139)

Ordered by: **Vms, MD** Regimen: **MVCN FEC-T**
Pharmacy Approved by: at:

Main Dispensary Dispensed Medication (Pickup Internal Medication)

Date	Drug	Dose	Route	Frequency	No. of Days/ Doses	Date Supplied	Quantity	Disp by	Checked By
09/05/2019-11/05/2019 MVCN FEC-T Cycle 1	**DEXAMETHASONE** (4 mg tablet Oral b.d. for 3 days)	**4mg**	Oral	b.d. - -	3days /				
09/05/2019-10/05/2019 MVCN FEC-T Cycle 1	**ONDANSETRON** (8 mg tablet Oral b.d. for 2 days)	**8mg**	Oral	b.d. - -	2days /				
09/05/2019-11/05/2019 MVCN FEC-T Cycle 1	**DOMPERIDONE** (10 mg tablet Oral t.d.s. for 3 days PRN) Take when required for the relief of nausea and vomiting. Maximum duration SEVEN days.	**10mg**	Oral	t.d.s. - -	3days /				
09/05/2019-29/05/2019 MVCN FEC-T Cycle 1	**DIFFLAM** (10 - 20 mL oromucosal liquid Oromucosal four times a day for 21 days PRN)	**10mL**	Oromucosal	four times a day - -	21days /				

(Rx ID 180201139)

WBC			**Hb**			**AlkP**		
Neuts			**Alb**			**ALT**		
Plts			**Creat**			**Mg**		
Na			**Corr Ca**			**K**		
GFR Calc			**GFR Meas**			**Bili-rubin**		

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Consultant:
Visit Provider: [redacted]

(Rx ID 180201140)

Ordered by: **Vms, MD**
Regimen: **MVCN FEC-T**
Pharmacy Approved by: at:

Main Dispensary Dispensed Medication (Pickup Internal Medication)

Date	Drug	Dose	Route	Frequency	No. of Days/ Doses	Date Supplied	Quantity	Disp by	Checked By
11/05/2019-17/05/2019 MVCN FEC-T Cycle 1	**FILGRASTIM** (480 mcg (at 480) injection Subcutaneous Inj daily for 7 days)	**480mcg**	Subcutaneous Inj	daily - -	7days /				

(Rx ID 180201140)

WBC			**Hb**			**AlkP**		
Neuts			**Alb**			**ALT**		
Plts			**Creat**			**Mg**		
Na			**Corr Ca**			**K**		
GFR Calc			**GFR Meas**			**Bili-rubin**		

Physician Signature: _____ Date: _____

***** End of Report *****