The information on this side of the card is designed specifically for health professionals who may need to know about your treatment.

It is **NOT** a prescription and cannot be used to obtain extra supplies of your tablets.

Patient also receiving radiotherapy Y/N

Patient also receiving IV chemotherapy Y/N

Treatment plan for oral chemotherapy

for < John Smith >DOB < 11/12/1940 > **who is taking oral Capecitabine (Xeloda) for a maximum of FOUR cycles**

Cycle No 1	**Days of treatment: 14** **First day: 5 September 2010** **Last day: 18 September 2010**							**Treatment authorised by: Dr Brown** **Date: 3 September 2010**							**Next review/blood test on** **Date: 25 September 2010** **At: St Elsewhere Blood clinic**										
Date	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	Etc
Day Number	X	X	X	X	1	2	3	4	5	6	7	8	9	10	11	12	13	14	X	X	X	X	X	X	
Capecitabine Dose (mg) Morning	X	X	X	X	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	X	X	X	X	X	X	
Capecitabine Dose (mg) Tea-time	X	X	X	X	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	2150	X	X	X	X	X	X	
Drug B Dose (mg) Morning																									
Drug B Dose (mg) Tea-time																									

Cycle No 2	**Days of treatment:** **First day:** **Last day:**							**Treatment authorised by:** **Date:**							**Next review/blood test on:** **Date:** **At:**										
Date	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	Etc
Dose (mg)																									

Cycle No 3	**Days of treatment:** **First day:** **Last day:**							**Treatment authorised by:** **Date:**							**Next review/blood test on:** **Date:** **At:**										
Date	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	Etc
Dose (mg)																									

ORAL CHEMOTHERAPY TREATMENT PLAN **Date of issue:** …… Patient Name: ……. …… NHS/Hospital Number: ……. ……... Address:…… …… …… …… …… Telephone:……...	This card contains detailed information regarding your oral chemotherapy. You should carry it with you at all times and show it to any doctor, nurse, pharmacist or other health professional who is giving you care or advice. You are being treated at …… …….Hospital Your consultant is: ……..… ……... Your clinical nurse specialist is:……. …… **Contact details** Phone:…… Email: ……..…..... ……...@Trust.nhs.uk	Your chemotherapy regimen is called: …….. ……... You will be receiving ……..different chemotherapy medicines). Some of the medicines will be in the form of tablets or capsules to be taken by mouth and they are called ……strength…….mg ……strength…….mg **Look at the label on your medicines for exactly how <u>you</u> should take them. If you are unsure, please ask.**