

Patient Details

Forename

Surname

Protocol

OFATUMUMAB and CHLORAMBUCIL

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Ofatumumab Day 1 / Chlorambucil 10mg/m2 Days 1-7

Consultant

Ward

7 Type of line

No. of lumen:

Diagnosis

Chronic lymphocytic leukaemia/Small lymph

NHS No

[illegible]

Additional Prescribing Notes

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance

1) Consider co-trimoxazole 960mg OD every Monday, Wednesday and Friday



2) G-CSF for days 7-13 is recommended for all subsequent cycles in patients who have had a previous dose delay due to neutropenia.

Administer via IV infusion pump, using the 0.2 micron in-line filter extension sets provided.

Administer according to the schedule below:

Time (mins)	ml/hr
0 - 30	25
31 - 60	50
61 - 90	100
91 - 120	200
121+	400

For any infusion related reactions, refer to ofatumumab summary of product characteristics

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/Checked by	Time Start/Stop	Comments
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				 Batch No.		Should be given 30 mins- 2 hrs prior to ofatumumab infusion.
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral 2</div> <div>Intrathecal 0</div> <div>Oral 2</div>
Date:			Date: / /		Date: / /		Date: / /				Chart Id.:

Parenteral Cytotoxic Chart

Chemocare Version 1.02

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1	T=:hrs	HYDROCORTISONE (200mg)	200 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30 mins- 2 hrs prior to ofatumumab infusion.
1	T=:hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30 mins- 2 hrs prior to ofatumumab infusion.
1	T=:hrs	OFATUMUMAB (1000mg)	1000 mg	SODIUM CHLORIDE 0.9% 1000 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate-see additional notes.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Chronic lymphocytic leukaemia/Small lymph						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose			Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

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DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg	Duration	PRN															
Route	PO	Start Date																
Frequency	TDS	Start Day	1															
Quantity Dispensed	Dispensed by																	
	Accuracy check																	
Note	If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	