

Parenteral Cytotoxic Chart

Chemocare Version 1.01

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Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

Consultant

Ward

Type of line

No. of lumen:

NHS No

IBRUTINIB 420MG

Ibrutinib 420mg OD

Diagnosis

SA (m²)

Height (m)

Weight (kg)

Chronic lymphocytic leukaemia/Small lymph

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 30	30.00	600.00	Day [1]			

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 allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

For dose modifications refer to SPC.

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

1

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1

Patient Details

Forename	Surname		Protocol	IBRUTINIB 420MG					SA (m²)	
			Course Name	Ibrutinib 420mg OD					Height (m)	
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	IBRUTINIB																	
Actual dose	420 mg	Duration	28 days															
Route	PO	Start Date																
Frequency	OD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Swallow whole with a glass of water at the same time each day. Avoid grapefruit juice and Seville oranges.																	

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