Trust location:_____

Parenteral Cytotoxic Chart

Chemocare prescripton V1.01

Patient Details

Forename

Surname

DOB

Patient NO

Local No.

Consultant

Ward

NHS No

Protocol: VENETOCLAX

Course Name: VENETOCLAX cycle 2 onwards

Type of line No. of lumen:

Diagnosis: Chronic lymphocytic leukaemia/Small lymp

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
Cockcroft >30mls/min	30.00	300.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 50	50.00	600.00	Day [1]			

Additional Prescribing Notes

Oral hydration consisting of fluid intake of 1.5 to 2 L per day starting at least 48 hours prior to the start of treatment for all subjects prior to first dose and at all subsequent dose increment steps and continued for at least 24 hours after dosing and all of the chemistries laboratory values remain within ULN.

Patients to be managed as per local/national tumour lysis guidelines.

Refer to Venetoclax SPC for dose modifications.

Allocated by:	**Confirmed by:**	**Authorised by:**	**Checked by: (Pharmacist)**	Parenteral 1 Intrathecal 0 Oral 1
Date:	**Date:** / /	**Date:** / /	**Date:** / /	

Patient Details

Forename	**Surname**	**Protocol**	VENETOCLAX		**SA (m²)**
		Course Name	VENETOCLAX cycle 2 onwards		**Height (m)**
DOB	**Patient NO**	**Local No.**	**NHS No**		**Weight (kg)**
Consultant		**Ward**	**Diagnosis**	Chronic lymphocytic leukaemia/Small lymp	
Address					

Record drug allergies or sensitivities

					Time	**Date**													
Drug & dose	VENETOCLAX																		
Actual dose	400 mg	**Duration**	28 DAYS																
Route	PO	**Start Date**																	
Frequency	OD	**Start Day**	1																
Quantity Dispensed		**Dispensed by**																	
		Accuracy check																	
Note	Avoid grapefruit products,Seville oranges & starfruit. HIGH RISK OF TUMOUR LYSIS. Biochemistry including U&E, phosphate, calcium MUST be checked 6-8 hours after first increased dose is given.																		

Allocated by:	**Confirmed by:**	**Authorised by:**	**Checked by: (Pharmacist)**	
Date:	**Date:** / /	**Date:** / /	**Date:** / /	