

Patient Details

Forename

Surname

Protocol

OFATUMUMAB and CHLORAMBUCIL

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Ofatumumab Day 1&8 / Chlorambucil 10mg/m2 Days 1-7

Consultant

Ward

Type of line

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

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

3) 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.

For the first and second infusion, administer over 6.5 hours according to the schedule below:

Time (mins)	ml/hr
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0 - 30	12
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31 - 60	25
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61 - 90	50
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91 - 120	100
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121-150	200
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151-180	300
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180+	400
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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
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div>Parenteral 3</div> <div>Intrathecal 0</div> <div>Oral 2</div>	
Date:			Date:		Date:		Date:			Chart Id.:	
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Parenteral Cytotoxic Chart

Chemocare Version 1.02

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Course Name:

NHS No

OFATUMUMAB and CHLORAMBUCIL

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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				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30 mins- 2 hrs prior to ofatumumab infusion.
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 (300mg)	300 mg	SODIUM CHLORIDE 0.9% 1000 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate-see additional notes.
8	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30 mins- 2 hrs prior to ofatumumab infusion.
8	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.
8	T=00Hrs	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.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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SA (m²)
Height (m)
Weight (kg)

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8	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:

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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:	
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