

Parenteral Cytotoxic Chart

Chemocare Version 1.01

Page:1 of 3

Patient Details

Forename

Surname

Protocol

IDELALISIB + RITUXIMAB

DOB

Patient NO

Local No.

Course Name:

Idelalisib 150mg BD maintenance therapy C9+

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Chronic lymphocytic leukaemia/Small lymph

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 3ULN	0.00	120.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

Additional Prescribing Notes

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

2

Date:

Date:

Date:

Date:

Chart Id.:

Patient Details

Forename	Surname		Protocol	IDELALISIB + RITUXIMAB					SA (m²)				
			Course Name	Idelalisib 150mg BD maintenance therapy C9+					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	IDELALISIB																	
Actual dose	150 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Supply 1 original container of 60 tablets. Swallow whole with or without food.																	
Drug & dose	CO-TRIMOXAZOLE																	
Actual dose	960 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	OD M,W,F		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	960mg of Co-Trimoxazole to be taken on Mondays, Wednesdays and Fridays throughout treatment.																	

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

Patient Details

Forename	Surname		Protocol	IDELALISIB + RITUXIMAB					SA (m²)				
			Course Name	Idelalisib 150mg BD maintenance therapy C9+					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
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	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg		Duration	SEE NOTE														
Route	PO		Start Date															
Frequency	SEE NOTE		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto maximum of 16mg in 24 hours. 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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