

Patient Details

Forename

Surname

Protocol

TRAMETINIB

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Trametinib

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

| Monitoring | Acceptable Range | | Date Due | Date of Test | Value | Checked | <div>Additional Prescribing Notes Swallowed whole with water. Not be chewed, crushed, dissolved and should not be mixed with food. To be taken at least one hour before or at least 2 hours after a meal.</div> |
|-------------|------------------|--|----------|--------------|-------|---------|--|
| Height (m) | | | | | | | |
| Weight (kg) | | | | | | | |
| SA (m²) | | | | | | | |
| | | | | | | | |

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

| | | | | | | | | | | | | | |
|------------|------------|--|-------------|------------|-----------|--|--|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | TRAMETINIB | | | | | SA (m²) | | | | |
| | | | Course Name | Trametinib | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| Consultant | | | Ward | | Diagnosis | | | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|----------------|---------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | TRAMETINIB | | | | | | | | | | | | | | | | | |
| Actual dose | 2 mg | | Duration | 28 DAYS | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | OD | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | To be taken at least one hour before or at least 2 hours after a meal. | | | | | | | | | | | | | | | | | |

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