

Patient Details

Forename

Surname

Protocol

PEMBROLIZUMAB 2MG/KG

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Pembrolizumab 2mg/kg

Height (m)

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes Administer through an intravenous line containing an in-line, non-pyrogenic, low protein binding 0.2 to 5micron filter. Please ensure patient has been reviewed by medical staff before preparation. Dose reductions are not recommended. Doses are withheld until resolution of toxicity.</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM 3ULN	0.00	120.00	Day [1]				
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]				
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				

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	PEMBROLIZUMAB (2mg/kg)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	PEMBROLIZUMAB 2MG/KG					SA (m²)					
			Course Name	Pembrolizumab 2mg/kg					Height (m)					
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
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 a maximum of 16mg in 24 hours. If pre-pack supplied record Batch Number : _____.																	

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