

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Protocol

CHLVPP HODGKINS DISEASE

Course Name: CHLVPP hodgkins disease

Type of line
No. of lumen: SINGLE LINE

Diagnosis _____

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day 1			
BILIRUBIN 1.5ULN	0.00	31.50	Day 1			
NEUTROPHILS > 1.0	1.00	15.00	Day 1			
PLATELETS > 100	100.00	600.00	Day 1			
WHITE BLOOD CELLS >3.5	3.50	11.00	Day 1			
PLATELETS > 100	100.00	600.00	Day 8			
WHITE BLOOD CELL >3	3.00	11.00	Day 8			

Additional Prescribing Notes

Anti-emetic potential is low. If breakthrough nausea consider ondansetron 8mg PRN (max TDS) during procarbazine phase.
If previous neutropaenic sepsis or blood count related treatment delays discuss prophylactic antibiotics or use of daily GCSF or STAT dose of Neulasta with consultant.

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	FREE FLOWING INFUSION (0ml)	0 ml	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINBLASTINE (6mg/m²)	 mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Maximum dose = 10mg.
8	T=hrs	FREE FLOWING INFUSION (0ml)	0 ml	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: _____

Date: _____

Confirmed by: _____

Date: _____

Authorised by: _____

Date: _____

Checked by: (Pharmacist)

Date: _____

Parenteral

Intrathecal

Oral

2

0

3

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Course Name:

CHLVPP hodgkins disease

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

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
8	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=00Hhrs	VINBLASTINE (6mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV			A	<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Maximum dose = 10mg.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Forename	Surname		Protocol	CHLVPP HODGKINS DISEASE										SA (m²)	
			Course Name	CHLVPP hodgkins disease										Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant			Ward		Diagnosis										
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose	mg		Duration	14 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	PROCARBAZINE																	
Actual dose	mg		Duration	14 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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

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			Course Name	CHLVPP hodgkins disease										Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)			
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose	mg		Duration	14 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	28 tablets														
Route	PO		Start Date															
Frequency	TDS+PRN		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	28 x Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number :_____.																	

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

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			Course Name	CHLVPP hodgkins disease					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	10 tablets														
Route	PO		Start Date															
Frequency	BDx2/7+PRN		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)	
Date:	Date:	Date:	Date:	