

Patient Details

Forename

Surname

Protocol

BENDAMUSTINE (NHL)

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Bendamustine 120mg/m2 cycle 2+

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Patients should only receive irradiated blood products</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]				
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]				
Cockcroft >40ml/min	40.00	300.00	Day [1]				
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS> 75	75.00	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	04/01/2018 T=hrs	ONDANSETRON (8mg)	8 mg	None	IV		Slow Bolus		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
1	04/01/2018 T=hrs	BENDAMUSTINE (120mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	05/01/2018 T=hrs	ONDANSETRON (8mg)	8 mg	None	IV		Slow Bolus		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	05/01/2018 T=:hrs	BENDAMUSTINE (120mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 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	BENDAMUSTINE (NHL)					SA (m²)				
			Course Name	Bendamustine 120mg/m2 cycle 2+					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
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)	
Date:	Date:	Date:	Date:	