

Patient Details

Forename		Surname		Protocol	CHLVPP HODGKINS DISEASE	SA (m ²) Height (m) Weight (kg)
Address						
DOB	Patient NO	Local No.	Course Name:	CHLVPP hodgkins disease		
Consultant	Ward	Type of line	No. of lumen:	SINGLE LINE	Diagnosis	
NHS No						

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m ²)					
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				/	/	
1	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		/	/	
1	T=:hrs	VINBLASTINE (6mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	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				/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Parenteral</td> <td>2</td> </tr> <tr> <td>Intrathecal</td> <td>0</td> </tr> <tr> <td>Oral</td> <td>3</td> </tr> </table>	Parenteral	2	Intrathecal	0	Oral	3
Parenteral	2									
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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		/	/	
									Batch No.		
8	T=00Hhrs	VINBLASTINE (6mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV			A	/	/	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Maximum dose = 10mg.
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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																		

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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 : _____.																											

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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:	