

Patient Details

ForenameSurname

Address

DOB

Patient NO

Local No.

Protocol

BRENTUXIMAB

Course Name:

Brentuximab 1.8mg/kg

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

NHS No

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
NEUTROPHILS > 1.5	1.50	15.00	Day 1				
PLATELETS> 75	75.00	600.00	Day 1				
Cap at 100kg							

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	BRENTUXIMAB  (1.8mg/kg)	mg	SODIUM CHLORIDE 0.9%  150 ml	IV		Infuse over 30 Mins at a rate 300 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Cap at 100kg

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

Intrathecal

Oral

1

0

2

Forename	Surname		Protocol	BRENTUXIMAB								SA (m²)		
			Course Name	Brentuximab 1.8mg/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	ONDANSETRON																	
Actual dose	8 mg	Duration	2 DAYS															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg	Duration	1 DAY															
Route	PO	Start Date																
Frequency	BD	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:	

