

Trust location: \_\_\_\_\_

# Parenteral Cytotoxic Chart

## Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Protocol **IBRUTINIB 560MG**

SA (m<sup>2</sup>)  
Height (m)  
Weight (kg)

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

Course Name: **Ibrutinib 560mg OD**

Consultant \_\_\_\_\_ Ward \_\_\_\_\_ Type of line \_\_\_\_\_ No. of lumen: \_\_\_\_\_

Diagnosis \_\_\_\_\_

NHS No \_\_\_\_\_

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m <sup>2</sup> )						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 30	30.00	600.00	Day [1]			

**Additional Prescribing Notes**

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance

1) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

For dose modifications refer to SPC.

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	<table border="1"> <tr><td>Parenteral</td><td>1</td></tr> <tr><td>Intrathecal</td><td>0</td></tr> <tr><td>Oral</td><td>1</td></tr> </table>	Parenteral	1	Intrathecal	0	Oral	1
Parenteral	1									
Intrathecal	0									
Oral	1									
<b>Date:</b> / /	<b>Date:</b> / /	<b>Date:</b> / /	<b>Date:</b> / /	<b>Chart Id.:</b>						

## Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	IBRUTINIB 560MG					<b>SA (m<sup>2</sup>)</b>						
		<b>Course Name</b>	Ibrutinib 560mg OD					<b>Height (m)</b>						
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>						<b>Weight (kg)</b>					
<b>Consultant</b>		<b>Ward</b>	<b>Diagnosis</b>											
<b>Address</b>														

Record drug allergies or sensitivities

			Time	Date													
<b>Drug &amp; dose</b>	IBRUTINIB																
<b>Actual dose</b>	560 mg	<b>Duration</b>	28 days														
<b>Route</b>	PO	<b>Start Date</b>															
<b>Frequency</b>	OD	<b>Start Day</b>	1														
<b>Quantity Dispensed</b>		<b>Dispensed by</b>															
		<b>Accuracy check</b>															
<b>Note</b>	Swallow whole with a glass of water at the same time each day. Avoid grapefruit juice and Seville oranges.																

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Chart Id.:</b>
/ /	/ /	/ /	/ /	