

Parenteral Cytotoxic Chart

Chemocare Version 1.03

Page:1 of 2

Patient Details

Forename

Surname

Protocol

CHLORAMBUCIL 7 DAY

DOB

Patient NO

Local No.

Course Name:

Chlorambucil 7 day schedule

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Chronic lymphocytic leukaemia/Small lymph

NHS No

SA (m²)

Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	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

Some CLL patients (Stage C) will require a debulking regimen- prednisolone 30mg/m2 PO OD for 21 days prior to commencing chlorambucil. Tail off prednisolone when starting chlorambucil.

Allocated by:
Date:

Confirmed by:
Date:
/ /

Authorised by:
Date:
/ /

Checked by: (Pharmacist)
Date:
/ /

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

1

Oral Prescription Chart

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Page:2 of 2

Patient Details

Forename	Surname		Protocol	CHLORAMBUCIL 7 DAY					SA (m²)				
			Course Name	Chlorambucil 7 day schedule					Height (m)				
DOB	Patient NO	Local No.	NHS No						Weight (kg)				
Consultant		Ward	Diagnosis	Chronic lymphocytic leukaemia/Small lymph									
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose		Duration	7 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	PRN															
Route	PO	Start Date																
Frequency	TDS	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	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)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	