

Patient Details

Forename	Surname	Protocol	BENDAMUSTINE (NHL)	SA (m ²)
DOB	Patient NO	Local No.	Course Name: Bendamustine 120mg/m2 cycle 2+	Height (m)
Consultant	Ward	Type of line	Diagnosis	Weight (kg)
NHS No	No. of lumen:			

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]		
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]		

Additional Prescribing Notes
 Patients should only receive irradiated blood products

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		/	/	
1	04/01/2018 T=hrs	BENDAMUSTINE (120mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	
2	05/01/2018 T=hrs	ONDANSETRON (8mg)	8 mg	None	IV		Slow Bolus		/	/	
2	05/01/2018 T=:hrs	BENDAMUSTINE (120mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	1

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		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:	