

# Parenteral Cytotoxic Chart

## Patient Details

Forename	Surname	Protocol	CHLORAMBUCIL 7 DAY	SA (m <sup>2</sup> )
DOB	Patient NO	Local No.	Course Name: Chlorambucil 7 day schedule	Height (m)
				Weight (kg)
Consultant	Ward	Type of line	Diagnosis	Chronic lymphocytic leukaemia/Small lymph
NHS No		No. of lumen:		

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m <sup>2</sup> )					
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.

<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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Parenteral</td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td>Intrathecal</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Oral</td> <td style="text-align: center;">1</td> </tr> </table>	Parenteral	1	Intrathecal	0	Oral	1
Parenteral	1										
Intrathecal	0										
Oral	1										
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# Oral Prescription Chart

**Patient Details**

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	CHLORAMBUCIL 7 DAY					<b>SA (m<sup>2</sup>)</b>
		<b>Course Name</b>	Chlorambucil 7 day schedule					<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>	Chronic lymphocytic leukaemia/Small lymph				
<b>Address</b>								

Record drug allergies or sensitivities

			Time	Date															
<b>Drug &amp; dose</b>	CHLORAMBUCIL																		
<b>Actual dose</b>		<b>Duration</b>	7 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>																			
<b>Drug &amp; dose</b>	METOCLOPRAMIDE																		
<b>Actual dose</b>	10 mg	<b>Duration</b>	PRN																
<b>Route</b>	PO	<b>Start Date</b>																	
<b>Frequency</b>	TDS	<b>Start Day</b>	1																
<b>Quantity Dispensed</b>		<b>Dispensed by</b>																	
		<b>Accuracy check</b>																	
<b>Note</b>	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																		

<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>
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