

Patient Details

Forename	Surname	Protocol	DECC LYMPHOMA		SA (m ²)
Address					Height (m)
DOB	Patient NO	Local No.	Course Name:		Weight (kg)
			DECC Lymphoma		
Consultant	Ward	Type of line		Diagnosis	
		No. of lumen:			
NHS No					

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m ²)						
ANC >1.5 (5 DAY EXP)	1.50	15.00	Day 1			
BILIRUBIN 1.5ULN	0.00	31.50	Day 1			
CREATININE(max 130)	0.00	130.00	Day 1			
PLATELETS > 50	50.00	600.00	Day 1			

Additional Prescribing Notes

PLEASE NOTE THAT LOMUSTINE IS A SINGLE DOSE ONLY.
 The cycle length is defined as 28 days, however this will vary between patients. Defer appointments for patients requiring a 6 week cycle

Prescriber Notes: To be prescribed separately

1. Allopurinol 300mg once daily on days 1 to 5 of first cycle.
2. Consider gastro prophylaxis (proton pump inhibitor or H2- antagonist) for cover with dexamethasone.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)		
Date:	Date:	Date:	Date:	Parenteral	1
				Intrathecal	0
				Oral	3

Patient Details

Forename	Surname	Protocol	DECC LYMPHOMA	SA (m²)
		Course Name	DECC Lymphoma	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

				Time	Date																	
Drug & dose	LOMUSTINE																					
Actual dose	mg	Duration	ONE DAY																			
Route	PO	Start Date																				
Frequency	OD STAT	Start Day	1																			
Quantity Dispensed		Dispensed by																				
		Accuracy check																				
Note	NB: PLEASE NOTE LOMUSTINE IS GIVEN FOR A SINGLE DOSE ONLY																					
Drug & dose	CHLORAMBUCIL																					
Actual dose	mg	Duration	4 DAYS																			
Route	PO	Start Date																				
Frequency	TDS	Start Day	1																			
Quantity Dispensed		Dispensed by																				
		Accuracy check																				
Note																						

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	

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		Course Name	DECC Lymphoma										Height (m)	
DOB	Patient NO	Local No.	NHS No											Weight (kg)
		Ward												
Address														

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	ETOPOSIDE																
Actual dose	mg	Duration	3 DAYS														
Route	PO	Start Date															
Frequency	OD	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	1 hr before food or on empty stomach																
Drug & dose	DEXAMETHASONE																
Actual dose	mg	Duration	5 DAYS														
Route	PO	Start Date															
Frequency	OD	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Take in mornings; swallow whole with food																

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Date:	Date:	Date:	Date: / /

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DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

Record drug allergies or sensitivities

			Time	Date														
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	5 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	METOCLOPRAMIDE																	
Actual dose	10 mg	Duration	28 tablets															
Route	PO	Start Date																
Frequency	TDS+PRN	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	28 x 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)
Date:	Date:	Date:	Date: