

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

# Parenteral Cytotoxic Chart

## Patient Details

Forename	Surname	Protocol	CHLORAMBUCIL 14 DAY	SA (m <sup>2</sup> )
DOB	Patient NO	Local No.	Course Name: Chlorambucil 14 day schedule	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 <sup>2</sup> )						
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

**Additional Prescribing Notes**

Consider prescribing allopurinol 300mg OD with first cycle.

Dexamethasone PO:  
Add in dose, frequency and duration or change to prednisolone using substitute function or delete drug if not required.

<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>	<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;">2</td> </tr> </table>	Parenteral	1	Intrathecal	0	Oral	2
Parenteral	1									
Intrathecal	0									
Oral	2									

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		Course Name	Chlorambucil 14 day schedule	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

				Time	Date																
Drug & dose	CHLORAMBUCIL																				
Actual dose	10 mg	Duration	14 DAYS																		
Route	PO	Start Date																			
Frequency	OD	Start Day	1																		
Quantity Dispensed		Dispensed by																			
		Accuracy check																			
Note																					
Drug & dose	DEXAMETHASONE																				
Actual dose	mg	Duration																			
Route	PO	Start Date	29/03/2018																		
Frequency		Start Day	1																		
Quantity Dispensed		Dispensed by																			
		Accuracy check																			
Note																					

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

## Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	CHLORAMBUCIL 14 DAY										<b>SA (m<sup>2</sup>)</b>	
		<b>Course Name</b>	Chlorambucil 14 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>Ward</b>												
<b>Address</b>														

Record drug allergies or sensitivities

				Time	Date														
<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>	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>	