

Patient Details

ForenameSurnameProtocolCHOP >65YR

AddressDOBPatient NOLocal No.Course Name:CHOP + GCSF 21d OVER 65 yrs old

ConsultantWardType of lineNo. of lumen:Diagnosis

NHS No

SA (m²)
Height (m)
Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
ANC >1 (5 day expiry)	1.00	15.00	Day 1				
BILIRUBIN 1.5ULN	0.00	31.50	Day 1				
CREATININE(max 130)	0.00	130.00	Day 1				
Platelets >75 (5 day exp)	75.00	600.00	Day 1				

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	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (50mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRIStINE (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by:
Date:

Confirmed by:
Date:

Authorised by:
Date:

Checked by: (Pharmacist)
Date:

Parenteral
Intrathecal
Oral

1
0
2

Patient Details					
Forename	Surname	Protocol	CHOP >65YR		SA (m²)
		Course Name	CHOP + GCSF 21d OVER 65 yrs old		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	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 :_____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg	Duration	2 DAYS															
Route	PO	Start Date																
Frequency	BD	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:	

Patient Details

Forename	Surname		Protocol	CHOP >65YR					SA (m²)				
			Course Name	CHOP + GCSF 21d OVER 65 yrs old					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose	mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Prednisolone dose should preferably be taken in the morning.																	
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose	microgram		Duration	3 DAYS														
Route	SC		Start Date															
Frequency	OD		Start Day	7														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS To be injected ONCE a day by subcutaneous injection on days 7, 11 and 14.																	

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