

Patient Details

Forename

Surname

Protocol

DHAP

Address

DOB

Patient NO

Local No.

Course Name:

DHAP

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

SA (m²)

Height (m)

Weight (kg)

Page:1 of 3

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes The following supportive therapies are to be prescribed separately: 1) Aprepitant 125mg PO 1 hour prior to cisplatin then 80mg OD PO on days 2+3 2) Ondansetron 8mg BD PO or IV 3) Metoclopramide 10mg TDS PO PRN 4) Aciclovir 200mg TDS PO. 5) Itraconazole 200mg BD PO 6) Allopurinol 300mg OD PO for cycle 1 only to prevent tumour lysis syndrome 7) G-CSF as local guidelines from D3</div>
Height (m)							
Weight (kg)							
SA (m²)							
BILIRUBIN <34	0.00	33.99	Day 1				
COCKCROFT (>60)	60.00	300.00	Day 1				
NEUTROPHILS > 1.0	1.00	15.00	Day 1				
PLATELETS> 75	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	None	IV		Slow Bolus	1	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr	1	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	MANNITOL 20% (0ml)	0 ml	None 200 ml	IV		Infuse over 30 Mins at a rate 400 ml/hr	1	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CISPLATIN (100mg/m²)		SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 ml/hr	2	<div></div> <div>Batch No.</div>	<div></div>	
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div>	
Date:			Date:		Date:		Date:			2 0 1	

Patient Details

ForenameSurnameProtocolDHAP

AddressDOBPatient NOLocal No.Course Name:DHAP

Ward

NHS No

SA (m²)
Height (m)
Weight (kg)

Page:2 of 3

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	HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr	1	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr	1	<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr	1	<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	CYTARABINE (2000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr	2	<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart.
2	T=hrs	CYTARABINE (2000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr	2	<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart.

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

Date:Date:Date:Date:

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

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	40 mg	Duration	4 DAYS															
Route	PO	Start Date																
Frequency	OD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	PREDNISOLONE 0.5% EYE DROPS																	
Actual dose	1 DROP	Duration	7 DAYS															
Route	EYE	Start Date																
Frequency	QDS	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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