

Patient Details

Forename		Surname		Protocol	CHOP >65YR	SA (m ²) Height (m) Weight (kg)
Address		DOB		Patient NO	Local No.	
Course Name:		CHOP + GCSF 21d OVER 65 yrs old		Type of line		Diagnosis
Consultant		Ward		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 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		

Additional Prescribing Notes

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		/	/	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	DOXORUBICIN (50mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	VINCRIStINE (1.4mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1" style="margin: auto;"> <tr> <td>Parenteral</td> <td>1</td> </tr> <tr> <td>Intrathecal</td> <td>0</td> </tr> <tr> <td>Oral</td> <td>2</td> </tr> </table>	Parenteral	1	Intrathecal	0	Oral	2
Parenteral	1									
Intrathecal	0									
Oral	2									
Date:	Date:	Date:	Date:							

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		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 : _____.																	

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Date:	Date:	Date:	Date:

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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.																				

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Date:	Date:	Date:	Date:	