

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_ Protocol **BRENTUXIMAB**

Address \_\_\_\_\_ SA (m<sup>2</sup>) \_\_\_\_\_  
 Height (m) \_\_\_\_\_  
 Weight (kg) \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: **Brentuximab 1.8mg/kg**

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 <sup>2</sup> )					
NEUTROPHILS > 1.5	1.50	15.00	Day 1		
PLATELETS > 75	75.00	600.00	Day 1		

**Additional Prescribing Notes**  
 Cap at 100kg

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	BRENTUXIMAB (1.8mg/kg)	mg	SODIUM CHLORIDE 0.9% 150 ml	IV		Infuse over 30 Mins at a rate 300 ml/hr		 Batch No.		Cap at 100kg

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1"> <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:							

Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	BRENTUXIMAB	<b>SA (m<sup>2</sup>)</b>
		<b>Course Name</b>	Brentuximab 1.8mg/kg	<b>Height (m)</b>
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>	<b>Weight (kg)</b>
<b>Consultant</b>		<b>Ward</b>	<b>Diagnosis</b>	
<b>Address</b>				

Record drug allergies or sensitivities

			Time	Date																	
<b>Drug &amp; dose</b>	ONDANSETRON																				
<b>Actual dose</b>	8 mg	<b>Duration</b>	2 DAYS																		
<b>Route</b>	PO	<b>Start Date</b>																			
<b>Frequency</b>	BD	<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>Drug &amp; dose</b>	DEXAMETHASONE																				
<b>Actual dose</b>	4 mg	<b>Duration</b>	1 DAY																		
<b>Route</b>	PO	<b>Start Date</b>																			
<b>Frequency</b>	BD	<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>	

Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	BRENTUXIMAB	<b>SA (m<sup>2</sup>)</b>
		<b>Course Name</b>	Brentuximab 1.8mg/kg	<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>	