

**Surname**

## Protocol

ABVD (Adult non-trial)

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

## Address

DOB

Patient NO

Local No.

Course Name:

## AVD HODGKINS LYMPHOMA

Consultant

Ward

Type of line

No. of lumen:

## Diagnosis

NHS No

### Additional Prescribing Notes

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance.

1) Consider stress ulcer PPI prophylaxis i.e.

lansoprazole.

2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

3) Consider co-trimoxazole 960mg every Monday,



Wednesday and Friday.

4) A short course of G-CSF may be used at the discretion of the treating consultant.

In the event of phlebitic pain the dacarbazine infusion should be given over 60mins or longer, d/w with medical staff. The dacarbazine infusion must be protected from light at all times.

For patients under the age of 60 do not reduce doses or delay treatment for haematological toxicity.

Patients over 60 should be assessed on an individual basis.

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	21/01/2021 T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				 Batch No.		
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div>Parenteral 3</div> <div>Intrathecal 0</div> <div>Oral 3</div>	
Date:			Date:		Date:		Date:				

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

NHS No \_\_\_\_\_

Protocol ABVD (Adult non-trial)

Course Name: AVD HODGKINS LYMPHOMA

Ward \_\_\_\_\_

SA (m²)  
Height (m)  
Weight (kg)

Page:2 of 6

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	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (25mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINBLASTINE (6mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Maximum dose = 10mg.
1	T=:hrs	DACARBAZINE (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=:hrs	DOXORUBICIN (25mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: (Pharmacist) \_\_\_\_\_ Date: \_\_\_\_\_

Patient Details

ForenameSurname

Address

DOBPatient NOLocal No.

NHS No

ProtocolABVD (Adult non-trial)

Course Name:AVD HODGKINS LYMPHOMA

Ward

SA (m²)  
Height (m)  
Weight (kg)

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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
15	T=:hrs	VINBLASTINE  (6mg/m²)	mg	SODIUM CHLORIDE 0.9%  50 ml	IV				<div></div> <div>Batch No.</div>	<div></div> <div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Maximum dose = 10mg.
15	T=:hrs	DACARBAZINE  (375mg/m²)	mg	SODIUM CHLORIDE 0.9%  500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		<div></div> <div>Batch No.</div>	<div></div> <div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	ABVD (Adult non-trial)					SA (m²)				
			Course Name	AVD HODGKINS LYMPHOMA					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	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

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			Course Name	AVD HODGKINS LYMPHOMA								Height (m)		
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
			Ward											
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	ONE DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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

Patient Details

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DOB	Patient NO		Local No.		NHS No							Weight (kg)	
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Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number :_____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose	4 mg		Duration	ONE DAY														
Route	PO		Start Date															
Frequency	BD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note																		

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