

Trust location: \_\_\_\_\_

# Parenteral Cytotoxic Chart

## Patient Details

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

Protocol **BENDAMUSTINE (NHL)**

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

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: **Bendamustine 120mg/m2 cycle 1**

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> )					
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]		
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]		
Cockcroft >40ml/min	40.00	300.00	Day [1]		
NEUTROPHILS > 1.0	1.00	15.00	Day [1]		
PLATELETS > 75	75.00	600.00	Day [1]		

**Additional Prescribing Notes**  
Patients should only receive irradiated blood products

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	T=hrs	BENDAMUSTINE (120mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	
2	T=hrs	ONDANSETRON (8mg)	mg	None	IV		Slow Bolus		/	/	
2	T=:hrs	BENDAMUSTINE (120mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	1

## Patient Details

Forename	Surname	Protocol	BENDAMUSTINE (NHL)										SA (m <sup>2</sup> )	
		Course Name	Bendamustine 120mg/m2 cycle 1										Height (m)	
DOB	Patient NO	Local No.	NHS No											Weight (kg)
Consultant		Ward	Diagnosis											
Address														

Record drug allergies or sensitivities

			Time	Date														
Drug & dose	ALLOPURINOL																	
Actual dose	300 mg	Duration	5 DAYS															
Route	PO	Start Date																
Frequency	OD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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	If pre-pack supplied record Batch Number : _____.																	

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