

Patient Details

Forename _____ Surname _____ Protocol _____

Address _____

DOB _____ Patient NO _____ Local No. _____ Course Name: _____

Ward _____

NHS No _____

ABVD (Adult non-trial)

ABVD HODGKINS LYMPHOMA

SA (m²) _____

Height (m) _____

Weight (kg) _____

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				/	/	
1	T=:hrs	DOXORUBICIN (25mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Hydrocortisone to be given prior to Bleomycin to prevent rigors
1	T=:hrs	BLEOMYCIN (10000unit/m ²)	unit	None	IV		Slow Bolus		/	/	
1	T=:hrs	VINBLASTINE (6mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	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/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		/	/	
15	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	

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

Patient Details

Forename	Surname	Protocol	ABVD (Adult non-trial)	SA (m ²) Height (m) Weight (kg)
Address	DOB	Patient NO	Course Name:	
			ABVD HODGKINS LYMPHOMA	
		Local No.		
		Ward		
NHS No				

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	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
15	T=:hrs	DOXORUBICIN (25mg/m ²)	mg	None	IV		Slow Bolus		/	/	
15	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Hydrocortisone to be given prior to Bleomycin to prevent rigors
15	T=:hrs	BLEOMYCIN (10000unit/m ²)	unit	None	IV		Slow Bolus		/	/	
15	T=:hrs	VINBLASTINE (6mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	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/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 30 Mins at a rate 1000 ml/hr		/	/	

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	ABVD 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

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

Forename	Surname	Protocol	ABVD (Adult non-trial)	SA (m²)
		Course Name	ABVD HODGKINS LYMPHOMA	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

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:	