

Patient Details

ForenameSurname

ProtocolCHOP

Address

DOBPatient NOLocal No.

Course Name:CHOP 21 day cycle NHL

ConsultantWard

Type of lineNo. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

NHS No

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
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				

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	FREE FLOWING INFUSION (0ml)	0 ml	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m²)	 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (50mg/m²)	 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRISTINE (1.4mg/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.

Allocated by:
Date:

Confirmed by:
Date:

Authorised by:
Date:

Checked by: (Pharmacist)
Date:

Parenteral
Intrathecal
Oral

1
0
2

Patient Details

Forename	Surname		Protocol	CHOP					SA (m²)		
			Course Name	CHOP 21 day cycle NHL					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	28 tablets														
Route	PO		Start Date															
Frequency	TDS PRN		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 : _____.																	

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

Patient Details

Forename	Surname		Protocol	CHOP					SA (m²)				
			Course Name	CHOP 21 day cycle NHL					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
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.																	

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