

Patient Details

Forename

Surname

Protocol

IBRUTINIB 560MG

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Ibrutinib 560mg OD

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 30	30.00	600.00	Day [1]			

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

For dose modifications refer to SPC.

Patient Details

Forename	Surname		Protocol	IBRUTINIB 560MG					SA (m²)					
			Course Name	Ibrutinib 560mg OD					Height (m)					
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	IBRUTINIB																	
Actual dose	560 mg		Duration	28 days														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Swallow whole with a glass of water at the same time each day. Avoid grapefruit juice and Seville oranges.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	