

Patient Details

Forename

Surname

Protocol

CHLORAMBUCIL 14 DAY

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Chlorambucil 14 day schedule

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 > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Consider prescribing allopurinol 300mg OD with first cycle.

Dexamethasone PO:

Add in dose, frequency and duration or change to prednisolone using substitute function or delete drug if not required.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	2

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			Course Name	Chlorambucil 14 day schedule								Height (m)		
DOB	Patient NO		Local No.		NHS No								Weight (kg)	
Consultant			Ward		Diagnosis									
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose	10 mg	Duration	14 DAYS															
Route	PO	Start Date																
Frequency	OD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	DEXAMETHASONE																	
Actual dose	mg	Duration																
Route	PO	Start Date	29/03/2018															
Frequency		Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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

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			Course Name	Chlorambucil 14 day schedule					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
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	If pre-pack supplied record Batch Number : _____.																	

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