

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

ABVD (Adult non-trial)

AVD 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	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				/	/	
15	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
15	T=:hrs	DOXORUBICIN (25mg/m ²)	mg	None	IV		Slow Bolus		/	/	

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

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Address	DOB	Patient NO	Course Name:	
			AVD HODGKINS LYMPHOMA	
		Local No.	Ward	
NHS No				

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		Course Name	AVD 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 : _____.																

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Date:	Date:	Date:	Date:

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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 : _____.																

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Date:	Date:	Date:	Date:	

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			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																		

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