

Patient Details

Forename

Surname

Protocol

BORTEZOMIB WEEKLY SC MM

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Reduced BORTEZOMIB SC+ DEX Relap/Refract Myeloma

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

Myeloma

NHS No

[illegible]

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 stress ulcer PPI prophylaxis i.e.

lansoprazole





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

Encourage patient to take Day 1, 8, 15 & 22 dexamethasone on morning of (or at least one hour prior to) bortezomib treatment.

Inject into thigh or abdomen

Injection site should be rotated, new injections should be given at least 2.5cm from previous site

A 25 gauge needle is recommended. This needle should not be purged of air prior to injection being administered.

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				 Batch No.		Only to be used in patients with previous breakthrough N +/-or V. Administered at least 30 minutes prior to bortezomib
1	T=:hrs	BORTEZOMIB (1.3mg/m²)	2 mg	None	SC		Slow Bolus		 Batch No.		See additional prescribing note
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)			<div> <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> </div> <div>2</div> <div>0</div> <div>3</div>	
Date:			Date: / /		Date: / /		Date: / /			Chart Id.:	

Parenteral Cytotoxic Chart

Chemocare Version 1.02

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NHS No

Ward

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
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Only to be used in patients with previous breakthrough N +/-or V. Administered at least 30 minutes prior to bortezomib
8	T=:hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note
15	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Only to be used in patients with previous breakthrough N +/-or V. Administered at least 30 minutes prior to bortezomib
15	T=:hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note
22	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Only to be used in patients with previous breakthrough N +/-or V. Administered at least 30 minutes prior to bortezomib
22	T=:hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Forename	Surname		Protocol	BORTEZOMIB WEEKLY SC MM					SA (m²)				
	Test		Course Name	Reduced BORTEZOMIB SC+ DEX Relap/Refract Myeloma					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Myeloma						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on days 1 and 2. Supply and label days 1 & 2, 8 & 9, 15 & 16 and 22 & 23 together in a single container.																	
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	35 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.																	

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

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			Course Name	Reduced BORTEZOMIB SC+ DEX Relap/Refract Myeloma						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	Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	8														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on days 8 and 9. Supply issued on Day 1.																	

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Date:	Date:	Date:	Date:	
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			Course Name	Reduced BORTEZOMIB SC+ DEX Relap/Refract Myeloma										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			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on days 15 and 16. Supply issued on Day 1.																	
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	22														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on days 22 and 23. Supply issued on Day 1.																	

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Date:	Date:	Date:	Date:	
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