

Patient Details

Forename

Surname

Protocol

BORTEZOMIB SC MM

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

BORTEZOMIB SUBCUT+ DEX: Relapsed./Refract.

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, 4, 8 and 11, 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)	mg	None	SC		Slow Bolus		 Batch No.		See additional prescribing note
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral 2</div> <div>Intrathecal 0</div> <div>Oral 3</div>
Date:			Date: / /		Date: / /		Date: / /				Chart Id.:

Parenteral Cytotoxic Chart

Chemocare Version 1.06

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NHS No

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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
4	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
4	T=:hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note
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
11	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
11	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 SC MM					SA (m²)				
			Course Name	BORTEZOMIB SUBCUT+ DEX: Relapsed./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	DAILY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Supply and label days 1-2, 4-5, 8-9, & 11-12 together in a single container																	
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	21 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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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	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	DEXAMETHASONE																	
Actual dose			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	4														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note																		

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
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			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	2 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	11														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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