

Patient Details

Forename	Surname		Protocol	C-THAL-DEX ATTENUATED MYELOMA						SA (m²)				
			Course Name	CTD attenuated version 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	THALIDOMIDE																	
Actual dose		Duration	28 DAYS															
Route	PO	Start Date																
Frequency	ON	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg	Duration	4 WEEKS															
Route	PO	Start Date																
Frequency	WEEKLY	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	ONCE WEEKLY dose to be taken in the morning																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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			Course Name	CTD attenuated version Myeloma					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
		Ward									
Address	Anyroad,Anytown,										

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose		Duration	4 DAYS															
Route	PO	Start Date																
Frequency	DAILY	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on days 1 to 4. Supply and label days 1-4 & 15-18 together in a single container.																	
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 : _____.																	

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Date:	Date:	Date:	Date:	
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		Ward									
Address	Anyroad,Anytown,										

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose		Duration	4 DAYS															
Route	PO	Start Date																
Frequency	DAILY	Start Day	15															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on days 15 to 18. Supplied on day 1.																	

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