

Parenteral Cytotoxic Chart

Chemocare Version 1.01

Patient Details

Forename

Surname

Protocol

VTD

DOB

Patient NO

Local No.

Course Name:

Bortezomib+Dexamethasone+Thalidomide

NHS No

Ward

SA (m²)









Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked

Additional Prescribing Notes

Prevention Programme. Specific counselling and pregnancy testing is required as part of this. For all new patients a Treatment Initiation Form must be completed by Prescriber and the patient. Copies are to be retained in notes / by patient and by pharmacy. Every prescription for thalidomide must be accompanied by a completed Prescription Authorisation Form (PAF). Without this pharmacy will not dispense thalidomide.

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
4	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
4	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)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename

Surname

Protocol

VTD

DOB

Patient NO

Local No.

Course Name:

Bortezomib+Dexamethasone+Thalidomide

NHS No

Ward

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
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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Patient Details

Forename	Surname		Protocol	VTD					SA (m²)				
			Course Name	Bortezomib+Dexamethasone+Thalidomide					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	4 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 to 4. Supply and label days 1-4 & 8-11 together in a single container.																	
Drug & dose	THALIDOMIDE																	
Actual dose			Duration	28 DAYS														
Route	PO		Start Date															
Frequency	ON		Start Day	1														
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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Oral Prescription Chart

Chemocare Version 1.01

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Patient Details

Forename	Surname		Protocol	VTD					SA (m²)					
			Course Name	Bortezomib+Dexamethasone+Thalidomide					Height (m)					
DOB	Patient NO	Local No.		NHS No						Weight (kg)				
		Ward												
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ACICLOVIR																	
Actual dose	200 mg	Duration	28 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 : _____.																	
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 : _____.																	

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

Forename	Surname		Protocol	VTD					SA (m²)				
			Course Name	Bortezomib+Dexamethasone+Thalidomide					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	4 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	8														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on days 8 to 11. Supply issued on Day 1.																	

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