

Patient Details

Forename

Surname

Protocol

BENDAMUSTINE 60mg/m2 Myeloma

Page:1 of 5

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Bendamustine 60mg/m² cycle

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

[illegible]

Additional Prescribing Notes

Encourage patient to take Day 2 ondansetron on morning of or at least one hour prior to bendamustine treatment.







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.

Patients should only receive irradiated blood products from start of treatment for life.

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				 Batch No.		
1	T=hrs	BENDAMUSTINE (60mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		 Batch No.		
2	T=:hrs	BENDAMUSTINE (60mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		 Batch No.		Pre-med: Ensure patient has taken ondansetron
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.:	

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			Course Name	Bendamustine 60mg/m2 cycle					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 1 with or after food. Supply and label days 1,8,15 and 22 together in a single container.																	
Drug & dose	CO-TRIMOXAZOLE																	
Actual dose	960 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	MonWedFri		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	960mg of Co-Trimoxazole to be taken on Mondays, Wednesdays and Fridays throughout treatment.																	

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	ACICLOVIR																	
Actual dose	200 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	4 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	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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			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	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 8 with or after food. Supply issued on Day 1.																	

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			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 15 with or after food. Supply issued on Day 1.																	
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date	15/12/2016														
Frequency	OD WEEKLY		Start Day	22														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 22 with or after food. Supply issued on Day 1.																	

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