

Patient Details

Forename	Surname		Protocol	C-THAL-DEX MYELOMA						SA (m²)		
			Course Name	Cyclo Thal Dex 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	21 days														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	3 WEEKS														
Route	PO		Start Date															
Frequency	WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	NB: Cyclophosphamide is a ONCE WEEKLY DOSE																	

Allocated by: MARK BOUSFIELD Date: 15/05/2017 15:02	Confirmed by: Date: / /	Authorised by: Date: / /	Checked by: (Pharmacist) Date: / /	Chart Id.:
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			Course Name	Cyclo Thal Dex 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	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	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 & 12-15 together in a single container.																	

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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	4 DAYS															
Route	PO	Start Date																
Frequency	OM	Start Day	12															
Quantity Dispensed	Dispensed by																	
	Accuracy check																	
Note	To be taken in the MORNING on days 12 to 15. Supplied on day 1.																	

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