

Patient Details

Forename

Surname

Protocol

REDUCED DOSE VCD

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Reduced dose VCD (SC Bortezomib) cycle 1

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

Amyloidosis

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.

Bortezomib

Pharmacy will begin preparation when ward staff notify them of patients arrival and suitability for treatment

Encourage patient to take Day 1, 8, 15 and 22



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.

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
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral 2</div> <div>Intrathecal 0</div> <div>Oral 5</div>
Date:			Date:		Date:		Date:				Chart Id.:
			/ /		/ /		/ /				

Parenteral Cytotoxic Chart

Chemocare Version 1.03

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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
1	T=:hrs	BORTEZOMIB (1mg/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
15	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
15	T=:hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	See additional prescribing note
22	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
22	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:

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Date:

Date:

Date:

Date:

Chart Id.:

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DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Amyloidosis						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken on the MORNING of day 1. Supply and label days 1,8,15 & 22 together in a single container.																	
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	1 DOSE														
Route	PO		Start Date	01/10/2018														
Frequency	OD WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Max dose: 500mg. To be taken ONCE a DAY on day 1. Supply and label days 1,8,15 & 22 together in a single container.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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			Course Name	Reduced dose VCD (SC Bortezomib) cycle 1					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	35 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	If pre-pack supplied record Batch Number : _____.																	

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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	1 DOSE															
Route	PO	Start Date																
Frequency	OD WEEKLY	Start Day	8															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on day 8. Supply issued on Day 1.																	
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg	Duration	1 DOSE															
Route	PO	Start Date																
Frequency	OD WEEKLY	Start Day	8															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Max dose: 500mg. To be taken ONCE a DAY on day 8. Supply issued on Day 1.																	

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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	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on day 15. Supply issued on Day 1.																	
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Max dose: 500mg. To be taken ONCE a DAY on day 15. Supply issued on Day 1.																	

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			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	22														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on day 22. Supply issued on Day 1.																	
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	22														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Max dose: 500mg. To be taken ONCE a DAY on day 22. Supply issued on Day 1.																	

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Date:	Date:	Date:	Date:	
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