

Patient Details

ForenameSurnameProtocolCARFILZOMIB + DEXAMETHASONE

AddressDOBPatient NOLocal No.Course Name:Carfilzomib IV + dexamethasone PO Cycle 2+

ConsultantWardType of lineNo. of lumen:DiagnosisMyeloma

NHS No

SA (m²)Height (m)Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance</div> <div>1) Consider VTE prophylaxis e.g. aspirin, tinzaparin</div> <div>2) Consider stress ulcer PPI prophylaxis i.e. lansoprazole</div> <div>Intravenous pre and post hydration is recommended with cycle 1 and is at the clinicians discretion for subsequent cycles.</div> <div>Dose Modifications</div> <div>Refer to SPC for dose modifications</div>
Height (m)							
Weight (kg)							
SA (m²)							
Cockcroft >30mls/min	30.00	300.00	Day 1				
NEUTROPHILS > 0.5	0.50	15.00	Day 1				
PLATELETS > 10	10.00	600.00	Day 1				

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	DEXAMETHASONE (20mg)	20 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div> <div></div>	To be given at least 30 minutes before carfilzomib
1	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div> <div></div>	Only to be administered if required.
1	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%  100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div> <div></div>	
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral4</div> <div>Intrathecal0</div> <div>Oral1</div>
Date:			Date:		Date:		Date:				

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1	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
2	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
2	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
2	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
8	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
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9	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
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15	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib

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16	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
16	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
16	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
16	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.

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			Course Name	Carfilzomib IV + dexamethasone PO Cycle 2+										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	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	DEXAMETHASONE															
Actual dose	20 mg	Duration	2 DOSES													
Route	PO	Start Date														
Frequency	OD	Start Day	22													
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	To be supplied on day 16. Patient to take OD on days 22 & 23.															