

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

REDUCED DOSE WEEKLY VCD

DOB

Patient NO

Local No.

Course Name:

Reduced dose VCD (SC Bortezomib)

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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 (1.3mg/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:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	REDUCED DOSE WEEKLY VCD						SA (m²)		
			Course Name	Reduced dose VCD (SC Bortezomib)						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	SEE NOTE														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken on the MORNING of days 1&2. Supply and label days 1&2, 8&9,15&16 and 22&23 together in a single container.																	
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	1 DOSE														
Route	PO		Start Date															
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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Patient Details

Forename	Surname		Protocol	REDUCED DOSE WEEKLY VCD										SA (m²)		
			Course Name	Reduced dose VCD (SC Bortezomib)										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 : _____.																	

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

Forename	Surname		Protocol	REDUCED DOSE WEEKLY VCD					SA (m²)				
			Course Name	Reduced dose VCD (SC Bortezomib)					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	SEE NOTE														
Route	PO		Start Date															
Frequency	OD		Start Day	8														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on days 8&9. 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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			Course Name	Reduced dose VCD (SC Bortezomib)					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	SEE NOTE														
Route	PO		Start Date															
Frequency	OD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on day 15&16. 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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Date:	Date:	Date:	Date:	
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			Course Name	Reduced dose VCD (SC Bortezomib)					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	SEE NOTE														
Route	PO		Start Date															
Frequency	OD		Start Day	22														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken in the MORNING on day 22&23. 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.																	

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