

# Parenteral Cytotoxic Chart

## Patient Details

Forename

Surname

Protocol

MELPHALAN PO +/- PREDNISOLONE

DOB

Patient NO

Local No.

Course Name:

ORAL MELPHALAN + PREDNISOLONE (MYELOMA)

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Myeloma

NHS No

SA (m²)

Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

**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.

Reduce dose of melphalan to 5mg/m2 if serum creatinine is > 200micromol/L.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

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1

Date:

Date:

Date:

Date:

Chart Id.:

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Patient Details

Forename	Surname		Protocol	MELPHALAN PO +/- PREDNISOLONE					SA (m²)				
			Course Name	ORAL MELPHALAN + PREDNISOLONE (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	MELPHALAN																	
Actual dose			Duration	FOUR DAYS														
Route	PO		Start Date															
Frequency	ONCE DAILY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	4 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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