

Patient Details

Forename

Surname

Protocol

CYCLOPHOSPHAMIDE Wkly myeloma

DOB

Patient NO

Local No.

Course Name:

Cyclophosphamide PO weekly WKS 1-8

Consultant

Ward

Type of line

Diagnosis

Myeloma

NHS No

No. of lumen:

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
CREATININE 1.5ULN	0.00	200.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 50	50.00	600.00	Day [1]			
CREATININE 1.5ULN	0.00	200.00	Day [29]			
NEUTROPHILS > 1.0	1.00	15.00	Day [29]			
PLATELETS > 50	50.00	600.00	Day [29]			

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.

3) Encourage oral fluid intake of approx 3 litres/24 hr.

Allocated by:

Date:

Confirmed by:

Date:

/ /

Authorised by:

Date:

/ /

Checked by: (Pharmacist)

Date:

/ /

Chart Id.:Preview

Parenteral

Intrathecal

Oral

1

0

5

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			Course Name	Cyclophosphamide PO weekly WKS 1-8					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	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	4 WEEKS														
Route	PO		Start Date															
Frequency	WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	NB: CYCLOPHOSPHAMIDE IS A ONCE WEEKLY DOSE																	
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	28 days														
Route	PO		Start Date															
Frequency	Alt days		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the MORNING with or after food.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:Preview
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	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	METOCLOPRAMIDE																
Actual dose	10 mg		Duration	PRN													
Route	PO		Start Date														
Frequency	TDS		Start Day	29													
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 : _____.																

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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	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg		Duration	4 WEEKS														
Route	PO		Start Date															
Frequency	WEEKLY		Start Day	29														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	NB: CYCLOPHOSPHAMIDE IS A ONCE WEEKLY DOSE																	
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	4 days														
Route	PO		Start Date															
Frequency	Alt days		Start Day	29														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the MORNING with or after food. After 4 days reduce Prednisolone dose over further 2 weeks as described below. Supply 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	PREDNISOLONE																	
Actual dose			Duration	4 days														
Route	PO		Start Date															
Frequency	alt days		Start Day	33														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the MORNING with or after food. Supplied in a single container on day 29.																	
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	4 days														
Route	PO		Start Date															
Frequency	alt days		Start Day	37														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the MORNING with or after food. Supplied in a single container on day 29.																	

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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	PREDNISOLONE																	
Actual dose			Duration	2 days														
Route	PO		Start Date															
Frequency	OD		Start Day	41														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the MORNING with or after food. Supplied in a single container on day 29.																	

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