

Patient Details

Forename

Surname

Protocol

REDUCED BORTEZOMIB SC MM

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Reduced BORTEZOMIB SC+ DEX Relap/Refract Myeloma

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

Myeloma

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.





Encourage patient to take Day 1 and 8, 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.

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
1	T=:hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		 Batch No.		See additional prescribing note
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				<div>Parenteral 2</div> <div>Intrathecal 0</div> <div>Oral 2</div>
Date:			Date: / /		Date: / /		Date: / /				Chart Id.:

Parenteral Cytotoxic Chart

Chemocare Version 1.03

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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
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

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

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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	2 DAYS															
Route	PO	Start Date																
Frequency	OM	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on days 1 and 2. Supply and label days 1 & 2 and 8 & 9 together in a single container.																	
Drug & dose	ACICLOVIR																	
Actual dose	200 mg	Duration	21 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 : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
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	Discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	
Drug & dose	DEXAMETHASONE																	
Actual dose		Duration	2 DAYS															
Route	PO	Start Date																
Frequency	OM	Start Day	8															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING on days 8 and 9. Supply issued on Day 1.																	

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