

## Parenteral Cytotoxic Chart

## Patient Details

Forename

Surname

## Protocol

DENOSUMAB 6 WEEKLY

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Denosumab 120mg 6 weekly Cycle 1 + 2

Consultant

Ward

Type of line

No. of lumen:

## Diagnosis

NHS No

[illegible]

### Additional Prescribing Notes

First Dose



Baseline bloods taken at decision to treat are valid for 4 weeks. If denosumab is not given within this time a new set of bloods need to be taken.

Patients need to have calcium level checked within the first 2 weeks following the first dose.

Administer as a single subcutaneous injection into the thigh, upper arm or abdomen once every 6 weeks.

Commence calcium supplementation (containing at least 500mg calcium and 400IU vitamin D) daily which can be increased if patient develops hypocalcaemia. If the patient becomes hypercalcaemic, consult the medical team.

NO dose adjustment necessary with renal or hepatic impairment.

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	DENOSUMAB  (120mg)	120  mg	None	SC		Slow Bolus		 Batch No.		

**Allocated by:**  
MARK BOUSFIELD

**Date:**  
15/01/2016 14:48

**Confirmed by:**

**Date:**  
/ /

**Authorised by:**

**Date:**  
/ /

Checked by: (Pharmacist)
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Date: / /

**Chart Id.:**

Parenteral	1
Intrathecal	0
Oral	1

Patient Details

Forename	Surname		Protocol	DENOSUMAB 6 WEEKLY					SA (m²)	
A			Course Name	Denosumab 120mg 6 weekly Cycle 1 + 2					Height (m)	
DOB	Patient NO	Local No.		NHS No						Weight (kg)
Consultant		Ward		Diagnosis						
Address										

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CALCIUM + VIT D																	
Actual dose	1 tablet	Duration	42 DAYS															
Route	PO	Start Date																
Frequency	OD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Dose may be increased if necessary. Verifying pharmacist to circle the preparation required: Accrete D3 tablets, Adcal D3 tablets, Calcichew D3 Forte tablets.																	

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