

## Patient Details

Forename

Surname

## Protocol

OBINUTUZUMAB and CHLORAMBUCIL

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

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

### Obinutuzumab and Chlorambucil cycles 2-6

Consultant

Ward

Type of line

No. of lumen:

## Diagnosis

Chronic lymphocytic leukaemia

NHS No

[illegible]

### Additional Prescribing Notes







Consult product literature for further information.

Consider withholding antihypertensives for 12 hours before, during and for an hour following obinutuzumab treatment

Obinutuzumab infusion

Infusion can be started at 100mg/hr & increased by 100mg/hr every 30 minutes to a maximum rate of 400mg/hr.

Day 1\* Dexamethasone is only required for patients with lymphocytes >25 or IRR Grade 3 on previous infusions.  
Day 1\* Chlorphenamine is only required for patients with IRR Grade >1 on previous infusions.

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	DEXAMETHASONE (20mg)	20 mg	None	IV		Slow Bolus		 Batch No.		To be given 60 minutes before obinutuzumab. See additional notes about administration.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				 Batch No.		To be given 30 minutes before obinutuzumab
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		 Batch No.		To be given 30 minutes before obinutuzumab. See additional notes about administration.
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				
Date:			Date:		Date:		Date:				
							Chart Id.:				
							<div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div>				
							<div>2</div> <div>0</div> <div>2</div>				

# Parenteral Cytotoxic Chart

Chemocare Version 1.03

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NHS No

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Course Name:

OBINUTUZUMAB and CHLORAMBUCIL

Obinutuzumab and Chlorambucil cycles 2-6

SA (m²)  
Height (m)  
Weight (kg)

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	OBINUTUZUMAB  (1000mg)	1000  mg	SODIUM CHLORIDE 0.9%  250 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

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			Course Name	Obinutuzumab and Chlorambucil cycles 2-6					Height (m)					
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
Consultant			Ward		Diagnosis		Chronic lymphocytic leukaemia							
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose			Duration	1 DAY														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken ONCE a DAY on day 1. Issue days 1 and 15 together in a single container																	
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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DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose			Duration	1 DAY														
Route	PO		Start Date															
Frequency	OD		Start Day	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	To be taken ONCE a DAY on day 15. Supply issued day 1.																	

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