

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of4 Segments

VENETOCLAX

VENETOCLAX cycle 1

Type of line _____ No. of lumen: _____

Protocol _____

Course Name: _____

Diagnosis _____

Chronic lymphocytic leukaemia/Small lymph

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)						
Cockcroft >30mls/min	30.00	300.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 50	50.00	600.00	Day [1]			
Cockcroft >30mls/min	30.00	300.00	Day [8]			
NEUTROPHILS > 1.0	1.00	15.00	Day [8]			
PLATELETS > 50	50.00	600.00	Day [8]			
Cockcroft >30mls/min	30.00	300.00	Day [15]			
NEUTROPHILS > 1.0	1.00	15.00	Day [15]			
PLATELETS > 50	50.00	600.00	Day [15]			
Cockcroft >30mls/min	30.00	300.00	Day [22]			
NEUTROPHILS > 1.0	1.00	15.00	Day [22]			
PLATELETS > 50	50.00	600.00	Day [22]			

Additional Prescribing Notes

Oral hydration consisting of fluid intake of 1.5 to 2 L per day starting at least 48 hours prior to the start of treatment for all subjects prior to first dose and at all subsequent dose increment steps and continued for at least 24 hours after dosing and all of the chemistries laboratory values remain within ULN.

Patients to be managed as per local/national tumour lysis guidelines.

Refer to Venetoclax SPC for dose modifications.

Allocated by: _____

Date: ____/____/____

Confirmed by: _____

Date: ____/____/____

Authorised by: _____

Date: ____/____/____

Checked by: (Pharmacist) _____

Date: ____/____/____

Parenteral

Intrathecal

Oral

1

0

3

Patient Details

Forename	Surname		Protocol	VENETOCLAX					SA (m²)				
			Course Name	VENETOCLAX cycle 1					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Chronic lymphocytic leukaemia/Small lymph						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	VENETOCLAX																	
Actual dose	20 mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Avoid grapefruit products,Seville oranges & starfruit. HIGH RISK OF TUMOUR LYSIS. Biochemistry including U&E, phosphate, calcium MUST be checked 6-8 hours after first dose is given.																	
Drug & dose	ALLOPURINOL																	
Actual dose	300 mg		Duration	38 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Allopurinol to be initiated at least 72 hours prior to start of treatment.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	VENETOCLAX					SA (m²)				
			Course Name	VENETOCLAX cycle 1					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	VENETOCLAX																	
Actual dose	50 mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Avoid grapefruit products,Seville oranges & starfruit. HIGH RISK OF TUMOUR LYSIS. Biochemistry including U&E, phosphate, calcium MUST be checked 6-8 hours after first increased dose is given.																	
Drug & dose	VENETOCLAX																	
Actual dose	100 mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Avoid grapefruit products,Seville oranges & starfruit. HIGH RISK OF TUMOUR LYSIS. Biochemistry including U&E, phosphate, calcium MUST be checked 6-8 hours after first increased dose is given.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
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Patient Details

Forename	Surname		Protocol	VENETOCLAX					SA (m²)				
			Course Name	VENETOCLAX cycle 1					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	VENETOCLAX																	
Actual dose	200 mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	22														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Avoid grapefruit products,Seville oranges & starfruit. HIGH RISK OF TUMOUR LYSIS. Biochemistry including U&E, phosphate, calcium MUST be checked 6-8 hours after first increased dose is given.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	