

## Patient Details

Forename

Surname

## Protocol

## Partial Prescription0 of3 Segments

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DOB

Patient NO

Local No.

Course Name:

OBINUTUZUMAB and CHLORAMBUCIL

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

Height (m)

Weight (kg)

Consultant

Ward

Type of line

No. of lumen:

Obinutuzumab and Chlorambucil cycle 1

## 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

Day 1: Administer at 25mg/hr over 4 hours. Do NOT increase infusion rate.

Day 2 (or day 1 continued): Administer at 50mg/hr. Rate of infusion can be escalated in increments of 50mg/hr every 30 minutes to a maximum of 400mg/hr.

Day 8: Infusion can be started at 100mg/hr & increased by 100mg/hr every 30 minutes to a maximum rate of 400mg/hr.

Day 8 & 15: \* Dexamethasone is only required for patients with lymphocytes >25 or IRR Grade 3 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
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				 Batch No.		To be given 30 minutes before obinutuzumab

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<div>Parenteral 3</div> <div>Intrathecal 0</div> <div>Oral 3</div>
Date:	Date:	Date:	Date:	
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Chart Id.:Preview

# Parenteral Cytotoxic Chart

Chemocare Version 1.04

## Patient Details

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Local No.

Course Name:

Ward

NHS No

## Partial Prescription0 of3 Segments

OBINUTUZUMAB and CHLORAMBUCIL

Obinutuzumab and Chlorambucil cycle 1

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	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
1	T=hrs	OBINUTUZUMAB (100mg)	100 mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 4 Hrs at a rate 25 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 60 minutes before obinutuzumab
2	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
2	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
2	T=hrs	OBINUTUZUMAB (900mg)	900 mg	SODIUM CHLORIDE 0.9% 250 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes
8	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 60 minutes before obinutuzumab. See additional notes about administration.

Allocated by:

Confirmed by:

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# Parenteral Cytotoxic Chart

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Course Name:

Ward

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## Partial Prescription0 of3 Segments

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OBINUTUZUMAB and CHLORAMBUCIL

Obinutuzumab and Chlorambucil cycle 1

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
8	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
8	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
8	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
15	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 60 minutes before obinutuzumab. See additional notes about administration.
15	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
15	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before obinutuzumab
15	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

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Confirmed by:

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Date:

Date:

Date:

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Patient Details

Forename	Surname		Protocol	OBINUTUZUMAB and CHLORAMBUCIL					SA (m²)		
			Course Name	Obinutuzumab and Chlorambucil cycle 1					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	ALLOPURINOL																	
Actual dose	300 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note																		

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			Course Name	Obinutuzumab and Chlorambucil cycle 1					Height (m)				
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	If pre-pack supplied record Batch Number : _____.																	
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.																	

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			Course Name	Obinutuzumab and Chlorambucil cycle 1					Height (m)		
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	15															
Quantity Dispensed	Dispensed by																	
	Accuracy check																	
Note	If pre-pack supplied record Batch Number : _____.																	

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