

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Protocol

VEPEMB

Course Name:

VEPEMB HODGKINS DISEASE

Type of line _____

No. of lumen: _____

Diagnosis

SA (m²)

Height (m)

Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM <60	0.00	59.99	Day 1				
BILIRUBIN <26	0.00	25.99	Day 1				
Cockcroft >50mls/min	50.09	300.00	Day 1				
NEUTROPHILS > 2.0	2.00	15.00	Day 1				
PLATELETS > 100	100.00	600.00	Day 1				
BILIRUBIN	0.00	21.00	Day 15				
Cockcroft >50mls/min	50.09	300.00	Day 15				
NEUTROPHILS > 2.0	2.00	15.00	Day 15				
PLATELETS > 100	100.00	600.00	Day 15				

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	ONDANSETRON	8		IV		Slow Bolus		<div></div>	<div></div>		
		(8mg)	mg						Batch No.			
1	T=hrs	VINBLASTINE		SODIUM CHLORIDE 0.9%	IV				<div></div>	<div></div>	Max dose: 10mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.	
		(6mg/m²)	mg	50 ml					Batch No.			
1	T=hrs	CYCLOPHOSPHAMIDE		None	IV		Slow Bolus		<div></div>	<div></div>		
		(500mg/m²)	mg	Batch No.								
15	T=hrs	ONDANSETRON	8		IV		Slow Bolus		<div></div>	<div></div>		
		(8mg)	mg						Batch No.			
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				Parenteral Intrathecal Oral	2 0 3
Date:			Date:		Date:		Date:					

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VEPEMB HODGKINS DISEASE

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Weight (kg)

NHS No

Ward

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
15	T=hrs	MITOXANTRONE (6mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV		Infuse over 30 Mins at a rate 100 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	BLEOMYCIN (10000unit/m²)	unit	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Max dose: 15000iu

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Forename	Surname		Protocol	VEPEMB					SA (m²)		
			Course Name	VEPEMB HODGKINS DISEASE					Height (m)		
DOB	Patient NO	Local No.		NHS No						Weight (kg)	
				000 000 0000							
Consultant		Ward		Diagnosis							
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PROCARBAZINE																	
Actual dose	mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	PREDNISOLONE																	
Actual dose	mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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

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Forename	Surname		Protocol	VEPEMB					SA (m²)				
			Course Name	VEPEMB HODGKINS DISEASE					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	28 x Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number :_____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		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)	
Date:	Date:	Date:	Date:	

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		Ward									
Address											

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ETOPOSIDE																	
Actual dose	mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
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	28 x Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number :_____.																	

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