

Patient Details

Forename		Surname		Protocol	VEPEMB		SA (m ²) Height (m) Weight (kg)
Address							
DOB	Patient NO	Local No.	Course Name:		VEPEMB HODGKINS DISEASE		
Consultant		Ward	Type of line	Diagnosis			
NHS No			No. of lumen:				

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m ²)						
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			

Additional Prescribing Notes

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 (8mg)	8 mg		IV		Slow Bolus		<input type="checkbox"/>	<input type="checkbox"/>	
1	T=hrs	VINBLASTINE (6mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<input type="checkbox"/>	<input type="checkbox"/>	Max dose: 10mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.
1	T=hrs	CYCLOPHOSPHAMIDE (500mg/m ²)	mg	None	IV		Slow Bolus		<input type="checkbox"/>	<input type="checkbox"/>	
15	T=hrs	ONDANSETRON (8mg)	8 mg		IV		Slow Bolus		<input type="checkbox"/>	<input type="checkbox"/>	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral 2 Intrathecal 0 Oral 3
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname	Protocol	<input style="width:100%;" type="text" value="VEPEMB"/>	SA (m ²) Height (m) Weight (kg)	
Address	DOB	Patient NO	Local No.		Course Name:
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text" value="VEPEMB HODGKINS DISEASE"/>
NHS No	<input style="width:100%;" type="text"/>	Ward	<input style="width:100%;" type="text"/>		

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/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV		Infuse over 30 Mins at a rate 100 ml/hr		<input style="width:100%; height: 15px;" type="text"/>	<input style="width:100%; height: 15px;" type="text"/>	
15	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<input style="width:100%; height: 15px;" type="text"/>	<input style="width:100%; height: 15px;" type="text"/>	
15	T=hrs	BLEOMYCIN (10000unit/m ²)	unit	None	IV		Slow Bolus		<input style="width:100%; height: 15px;" type="text"/>	<input style="width:100%; height: 15px;" type="text"/>	Max dose: 15000iu

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		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																				

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Date:	Date:	Date:	Date:	

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		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 : _____.															

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DOB	Patient NO	Local No.	NHS No	Weight (kg)
		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 : _____.																			

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Date:	Date:	Date:	Date:	