

Parenteral Cytotoxic Chart

Chemocare Version 1.03

Patient Details

Forename

Surname

Protocol

POMALIDOMIDE

DOB

Patient NO

Local No.

Course Name:

Pomalidomide & dexamethasone 40mg weekly

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Myeloma

NHS No

SA (m²)

Height (m)

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 50	50.00	600.00	Day [1]			

Additional Prescribing Notes

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance

1) VTE prophylaxis e.g. aspirin, tinzaparin

2) Consider stress ulcer PPI prophylaxis i.e. lansoprazole

3) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

Refer to SPC for full interactions.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

3

Patient Details

Forename	Surname		Protocol	POMALIDOMIDE					SA (m²)				
			Course Name	Pomalidomide & dexamethasone 40mg weekly					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis		Myeloma						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	POMALIDOMIDE																	
Actual dose			Duration	21 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 1 with or after food. Supply and label days 1,8,15 and 22 together in a single container.																	

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

Forename	Surname		Protocol	POMALIDOMIDE					SA (m²)				
			Course Name	Pomalidomide & dexamethasone 40mg weekly					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 8 with or after food. Supply issued on Day 1.																	
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 15 with or after food. Supply issued on Day 1.																	

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

Forename	Surname		Protocol	POMALIDOMIDE					SA (m²)							
			Course Name	Pomalidomide & dexamethasone 40mg weekly					Height (m)							
DOB	Patient NO		Local No.		NHS No							Weight (kg)				
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	22														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the morning on Day 22 with or after food. Supply issued on Day 1.																	

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