

# Parenteral Cytotoxic Chart

Chemocare Version 1.05

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## Patient Details

Forename

Surname

Protocol

CYCLOPHOSPHAMIDE Wkly myeloma

DOB

Patient NO

Local No.

Course Name:

Cyclophosphamide po weekly wks 9+

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)						
CREATININE 1.5ULN	0.00	200.00	Day [1]			
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) Consider stress ulcer PPI prophylaxis i.e. lansoprazole

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

3) Encourage patient to maintain an oral fluid intake of 3 Litres per day.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

Intrathecal

Oral

1

0

1

# Oral Prescription Chart

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## Patient Details

Forename	Surname		Protocol	CYCLOPHOSPHAMIDE Wkly myeloma					SA (m²)				
			Course Name	Cyclophosphamide po weekly wks 9+					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	CYCLOPHOSPHAMIDE																	
Actual dose	500 mg	Duration	4 WEEKS															
Route	PO	Start Date																
Frequency	WEEKLY	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	NB: CYCLOPHOSPHAMIDE IS A ONCE WEEKLY DOSE																	
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	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)	Chart Id.:
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	