

## Patient Details

Forename

Surname

## Protocol

MP-T

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

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

MP-T

Consultant

Ward

Type of line

No. of lumen:

## Diagnosis

Myeloma

NHS No

[illegible]

### 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<sub>2</sub> <20mls/min) for first 4 weeks of treatment only.

Thalidomide dose may be increased to 100mg at cycle 2 and then to 200mg at cycle 3 (as per local practice).

Reduce dose of melphalan to 5mg/m<sup>2</sup> if serum creatinine is > 200micromol/L.

Supply of Thalidomide is regulated under a Pregnancy

Prevention Programme. Specific counselling and pregnancy testing is required as part of this. For all new patients a Treatment Initiation Form must be completed by Prescriber and the patient. Copies are to be retained in notes / by patient and by pharmacy. Each prescription must be accompanied by a correctly completed Prescription Authorisation Form. Without this pharmacy will not dispense Thalidomide.

Refer to Celgene's Thalidomide Celgene information kit for full details.

Allocated by:

**Confirmed by:**

**Authorised by:**

Checked by: (Pharmacist)
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Date:

Date:

**Date:**

Date:

**Chart Id.:**

Parenteral

1

Intrathecal

0

Oral

2

Patient Details

Forename	Surname		Protocol	MP-T						SA (m²)				
			Course Name	MP-T						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	MELPHALAN																	
Actual dose			Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		

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

Forename	Surname		Protocol	MP-T					SA (m²)							
			Course Name	MP-T					Height (m)							
DOB	Patient NO		Local No.		NHS No							Weight (kg)				
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	THALIDOMIDE																	
Actual dose			Duration	28 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity		Dispensed by																
Dispensed		Accuracy check																
Note																		

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