

Patient Details

Forename

Surname

Protocol

CARFILZOMIB + DEXAMETHASONE

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Carfilzomib IV + dexamethasone PO Cycle 1

Height (m)

Weight (kg)

Consultant

Ward

Type of line

Diagnosis

Myeloma

No. of lumen:

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
Cockcroft >30mls/min	30.00	300.00	Day 1			
NEUTROPHILS > 0.5	0.50	15.00	Day 1			
PLATELETS > 10	10.00	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 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.

Intravenous pre and post hydration is recommended with cycle 1 and is at the clinicians discretion for subsequent cycles.

Dose Modifications

Refer to SPC for dose modifications

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	DEXAMETHASONE (20mg)	20 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	To be given at least 30 minutes before carfilzomib
1	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	
1	T=hrs	CARFILZOMIB (20mg/m²)	mg	Glucose 5%  100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

Intrathecal

Oral

4

0

1

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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	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
2	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
2	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	T=hrs	CARFILZOMIB (20mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
2	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
8	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
8	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9%  250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	

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

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Height (m)

Weight (kg)

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8	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Only to be administered if required.
9	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given at least 30 minutes before carfilzomib
9	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
9	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
9	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Only to be administered if required.
15	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given at least 30 minutes before carfilzomib

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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	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
15	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
15	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.
16	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	To be given at least 30 minutes before carfilzomib
16	T=hrs	PRE HYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
16	T=hrs	CARFILZOMIB (56mg/m²)	mg	Glucose 5%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	
16	T=hrs	POSTHYDRATION (250ml)		SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Only to be administered if required.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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			Course Name	Carfilzomib IV + dexamethasone PO Cycle 1										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	ACICLOVIR															
Actual dose	200 mg		Duration	28 DAYS												
Route	PO		Start Date													
Frequency	TDS		Start Day	1												
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	If pre-pack supplied record Batch Number : _____.															
Drug & dose	DEXAMETHASONE															
Actual dose	20 mg		Duration	2 DOSES												
Route	PO		Start Date													
Frequency	OD		Start Day	22												
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	To be supplied on day 16. Patient to take OD on days 22 & 23.															

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