

Patient Details

Forename

Surname

Protocol

LENALIDOMIDE+ DEX RELAPSED MM

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Lenalidomide + Dex cycles 1-4 relapsed myeloma

Consultant

Ward

Type of line

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 <20mls/min) for first 4 weeks of treatment only.

Dose Modifications

Refer to SPC for dose modifications

Supply of Lenalidomide 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 lenalidomide.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

1

Intrathecal

0

Oral

2

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DOB	Patient NO		Local No.		NHS No					Weight (kg)			
Consultant			Ward		Diagnosis		Myeloma						
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	LENALIDOMIDE																	
Actual dose			Duration	21 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	4 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING. Supply and label days 1-4, 9-12 & 17-20 together in a single container.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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DOB	Patient NO	Local No.		NHS No						Weight (kg)		
		Ward										
Address												

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose		Duration	4 DAYS															
Route	PO	Start Date																
Frequency	DAILY	Start Day	9															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING. Supplied in a single container on day 1.																	
Drug & dose	DEXAMETHASONE																	
Actual dose		Duration	4 DAYS															
Route	PO	Start Date																
Frequency	DAILY	Start Day	17															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken in the MORNING. Supplied in a single container on day 1.																	

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