

Patient Details

Forename

Surname

Protocol

ATEZOLIZUMAB 1200mg

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Atezolizumab 1200mg

Height (m)

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>The initial dose of atezolizumab must be administered over 60 min. If the first infusion is tolerated all subsequent infusions may be administered over 30 mins</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM 3ULN	0.00	120.00	Day [1]				
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]				
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				

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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div><div></div></div>	<div><div></div></div>	
1	T=hrs	ATEZOLIZUMAB (1200mg)	1200 mg	SODIUM CHLORIDE 0.9% 250 ml	IV				<div><div></div></div>	<div><div></div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

0

Date:

Date:

Date:

Date:

Chart Id.:

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