

Patient Details

Forename

Surname

Protocol

INTERFERON

DOB

Patient NO

Local No.

Course Name:

Interferon alpha weekly maintenance dose

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

SA (m²)

Height (m)

Weight (kg)

NHS No

Page:1 of 3

| Monitoring | Acceptable Range | | Date Due | Date of Test | Value | Checked | <div>Additional Prescribing Notes</div> <div>Check TSH, thyroid function tests monthly</div> |
|-------------|------------------|--|----------|--------------|-------|---------|--|
| Height (m) | | | | | | | |
| Weight (kg) | | | | | | | |
| SA (m²) | | | | | | | |
| | | | | | | | |

| | | | | |
|---------------|---------------|----------------|--------------------------|---|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | <div>Parenteral1</div> <div>Intrathecal0</div> <div>Oral2</div> |
| Date: | Date: | Date: | Date:Chart Id.: | |

Patient Details

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|------------|------------|--|-------------|--|-----------|--|--|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | INTERFERON | | | | | SA (m²) | | | | |
| | | | Course Name | Interferon alpha weekly maintenance dose | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| Consultant | | | Ward | | Diagnosis | | | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|----------------|------------|--------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | INTERFERON ALFA-2A | | | | | | | | | | | | | | | | | |
| Actual dose | 9 MU | | Duration | 4 WEEK | | | | | | | | | | | | | | |
| Route | SC | | Start Date | | | | | | | | | | | | | | | |
| Frequency | SEE NOTE | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | Dispensed by | | | | | | | | | | | | | | | | |
| | | Accuracy check | | | | | | | | | | | | | | | | |
| Note | SUBCUTANEOUS BOLUS To be injected by SC injection THREE times a week for 4 week. | | | | | | | | | | | | | | | | | |
| 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 | If pre-pack supplied record Batch Number : _____. | | | | | | | | | | | | | | | | | |

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

Patient Details

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|----------|------------|--|-------------|--|--------|--|--|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | INTERFERON | | | | | SA (m²) | | | | |
| | Test | | Course Name | Interferon alpha weekly maintenance dose | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| | | | Ward | | | | | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|---|--|----------------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | PARACETAMOL | | | | | | | | | | | | | | | | | |
| Actual dose | 1000 mg | | Duration | PRN | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | 8 HOURLY | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | If pre-pack supplied record Batch Number : _____. | | | | | | | | | | | | | | | | | |

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