

Patient Details

Forename

Surname

Protocol

INTERFERON

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Interferon alpha weekly loading dose weeks 1-3

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

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

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	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
15	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

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Date:

Date:

Date:

Date:

Chart Id.:

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			Course Name	Interferon alpha weekly loading dose weeks 1-3										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	3 MU		Duration	1 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 1 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:	
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			Course Name	Interferon alpha weekly loading dose weeks 1-3					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 : _____.																	
Drug & dose	INTERFERON ALFA-2A																	
Actual dose	6 MU		Duration	1 WEEK														
Route	SC		Start Date															
Frequency	SEE NOTE		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS To be injected by SC injection THREE times a week for 1 week.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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				Course Name		Interferon alpha weekly loading dose weeks 1-3						Height (m)	
DOB		Patient NO		Local No.		NHS No						Weight (kg)	
				Ward									
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	PARACETAMOL																	
Actual dose	1000 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	8 HOURLY		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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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	INTERFERON ALFA-2A																	
Actual dose	9 MU		Duration	1 WEEK														
Route	SC		Start Date															
Frequency	SEE NOTE		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS To be injected by SC injection THREE times a week for 1 week.																	
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	
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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	15														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

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