

Patient Details

Forename

Surname

Protocol

MV - Methotrexate + Vinblastine

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Vinblastine 4mg/m2 + Methotrexate 30mg/m2

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

Weight (kg)

NHS No

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	Additional Prescribing Notes
Height (m)							
Weight (kg)							
SA (m²)							
BILIRUBIN	0.00	21.00	Day [1]				
Cockcroft >30mls/min	30.00	300.00	Day [1]				
NEUTROPHILS > 1.5	1.50	15.00	Day [1]				
PLATELETS > 100	100.00	600.00	Day [1]				
WHITE BLOOD CELL > 2.0	2.00	11.00	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	VINBLASTINE (4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	METHOTREXATE (30mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

1

Date:

Date:

Date:

Date:

Forename		Surname		Protocol		MV - Methotrexate + Vinblastine						SA (m²)	
				Course Name		Vinblastine 4mg/m2 + Methotrexate 30mg/m2						Height (m)	
DOB		Patient NO		Local No.		NHS No						Weight (kg)	
Consultant				Ward		Diagnosis							
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		1												
Quantity Dispensed				Dispensed by														
				Accuracy check														
Note		If pre-pack supplied record Batch Number : _____.																
Drug & dose		FOLINIC ACID																
Actual dose		30 mg		Duration		1 DAY												
Route		PO		Start Date														
Frequency		6 HOURLY		Start Day		2												
Quantity Dispensed				Dispensed by														
				Accuracy check														
Note		Folinic acid to be taken 24 HOURS after Methotrexate injection																

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