

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

DENOSUMAB 6 WEEKLY

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SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Denosumab 120mg 6 weekly

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

[illegible]



Additional Prescribing Notes

Third and subsequent doses
Calcium levels need to be checked but if the most recent blood results were normocalcaemic then denosumab can be given before the bloods results are available but the blood results MUST be followed up that day or at the latest the following day.

Administer as a single subcutaneous injection into the thigh, upper arm or abdomen once every 6 weeks.

Commence calcium supplementation (containing at least 500mg calcium and 400IU vitamin D) daily which can be increased if patient develops hypocalcaemia.
If the patient becomes hypercalcaemic, consult the medical team.

NO dose adjustment necessary with renal or hepatic impairment.

| 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 | DENOSUMAB (120mg) | 120 mg | None | SC | | Slow Bolus | |  Batch No. |  | |

| | | | | | |
|----------------------|----------------------|-----------------------|---------------------------------|--|--|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> | <div>1</div> <div>0</div> <div>1</div> |
| Date: | Date: | Date: | Date: | Chart Id.: | |
| | / / | / / | / / | | |

Patient Details

| | | | | | | | | | | | | | |
|------------|------------|--|-------------|--------------------------|-----------|--|--|--|------------|--|--|-------------|--|
| Forename | Surname | | Protocol | DENOSUMAB 6 WEEKLY | | | | | SA (m²) | | | | |
| | | | Course Name | Denosumab 120mg 6 weekly | | | | | Height (m) | | | | |
| DOB | Patient NO | | Local No. | | NHS No | | | | | | | Weight (kg) | |
| | | | | | | | | | | | | | |
| Consultant | | | Ward | | Diagnosis | | | | | | | | |
| Address | | | | | | | | | | | | | |

Record drug allergies or sensitivities

| | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|----------------|---------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | Date | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Drug & dose | CALCIUM + VIT D | | | | | | | | | | | | | | | | | |
| Actual dose | 1 tablet | | Duration | 42 DAYS | | | | | | | | | | | | | | |
| Route | PO | | Start Date | | | | | | | | | | | | | | | |
| Frequency | OD | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | | Dispensed by | | | | | | | | | | | | | | | |
| | | | Accuracy check | | | | | | | | | | | | | | | |
| Note | Dose may be increased if necessary. Verifying pharmacist to circle the preparation required: Accrete D3 tablets, Adcal D3 tablets, Calcichew D3 Forte tablets. | | | | | | | | | | | | | | | | | |

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