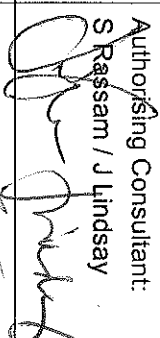


Patient Name	<b>Kent &amp; Medway SACT proforma</b>		Date Calculated →	Protocol Number <b>HAEM-NHL-019</b>
Patient Number	<b>Hyper CVAD</b>		Height (m)	Authorising Consultant: S. Rassam / J. Lindsay
DOB	<b>Non-Hodgkin's Lymphoma</b>		Weight (kg)	Pharmacist: J. Sawyer/O. Okuwa
Consultant	<b>Curative / Remission</b>		Surface Area (m <sup>2</sup> )	Review by October 2015
	Cycle No.....			Version 1
	(Repeat every 21 days)			Allergies:
	Length of cycle: 3 weeks			
	No. cycles: 4+4			
	Alternating with Methotrexate and Cytarabine.			
	Use this proforma for cycles 1,3,5 + 7			
	Use separate proforma for cycles 2,4,6 + 8			

- Notes**
- Haematological - proceed when neutrophils > 1.0 x 10<sup>9</sup>/L and platelets > 75 x 10<sup>9</sup>/L.
  - Renal - Cyclophosphamide: CrCl 10 – 20 mL/min dose at 75%; CrCl < 10mL/min dose at 50%.
  - Hepatic - Vincristine: bilirubin 26-51µmol/L or AST/ALT 60-180 units give 50%; bilirubin > 51µmol/L and AST/ALT normal give 50%; bilirubin > 51µmol/L and AST/ALT > 180 units omit.
  - Doxorubicin: bilirubin 20-51µmol/L give 50%; bilirubin 52-85µmol/L give 25%; bilirubin > 85µmol/L omit.
  - Neurotoxicity - Grade 2 motor and Grade 3 sensory toxicity give Vincristine 50% dose or Vinblastine 4 - 6mg/m<sup>2</sup>.
  - Steroid Toxicity - Reduce dose of Dexamethasone to 20mg daily, or omit one of the 4 day pulses within the 3 week cycle.
  - Encourage intake of oral fluids for 48 hours after each dose of Cyclophosphamide and regular voiding of bladder.
  - Check ECG prior to start of treatment. Maximum cumulative dose of Doxorubicin = 450 - 550mg/m<sup>2</sup>. Check previous exposure to anthracyclines.

Day	Line	Time	Drug	Dose	Route	Infusion Duration	Administration Details	Batch No	Nurses Signature	Start Time	Stop Time
Day 1	1	T0	MESNA (300mg/m <sup>2</sup> )		iv	12 hrs	NaCl 0.9% 1000ml				
		T1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	iv	15 min	NaCl 0.9% 50ml				
.../.../...	2	T1	CYCLOPHOSPHAMIDE (300mg/m <sup>2</sup> )		iv	2 hrs	NaCl 0.9% 500ml				
	1	T12	MESNA (300mg/m <sup>2</sup> )		iv	12 hrs	NaCl 0.9% 1000ml				
	2	T13	CYCLOPHOSPHAMIDE (300mg/m <sup>2</sup> )		iv	2 hrs	NaCl 0.9% 500ml				

Prescriber's Signature & Date:	Pharmacist's Clinical Screen & Date:	Final release signature & Date:
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<b>Patient Name</b>	<b>Kent &amp; Medway SACT proforma</b>		<b>Date Calculated →</b>	<b>Protocol Number</b> HAEM-NHL-019
<b>Patient Number</b>			<b>Height (m)</b>	<b>Authorising Consultant:</b> S Rassam / J Lindsay
<b>DOB</b>			<b>Weight (kg)</b>	
<b>Consultant</b>			<b>Surface Area (m²)</b>	<b>Pharmacist:</b> J. Sawyer/O. Okuwa Review by October 2015 Version 1
<b>Notes</b>	<p align="center"><b>Hyper CVAD</b>  <b>Non-Hodgkin's Lymphoma</b>  <b>Curative / Remission</b></p> <p align="center">Cycle No.....          (Repeat every 21 days)          Length of cycle: 3 weeks          No. cycles: 4+4</p> <p align="center">Alternating with Methotrexate and Cytarabine.          Use this proforma for cycles 1,3,5 + 7          Use separate proforma for cycles 2,4,6 + 8</p>			<b>Allergies:</b>

Day	Line	Time	Drug	Dose	Route	Infusion Duration	Administration Details	Batch No	Nurses Signature	Start Time	Stop Time
Day 2 ...../...../.....	1	T0	MESNA (300mg/m <sup>2</sup> )		iv	12 hrs	NaCl 0.9% 1000ml				
		T1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	iv	15 min	NaCl 0.9% 50ml				
	2	T1	CYCLOPHOSPHAMIDE (300mg/m <sup>2</sup> )		iv	2 hrs	NaCl 0.9% 500ml				
	1	T12	MESNA (300mg/m <sup>2</sup> )		iv	12 hrs	NaCl 0.9% 1000ml				
	2	T13	CYCLOPHOSPHAMIDE (300mg/m <sup>2</sup> )		iv	2 hrs	NaCl 0.9% 500ml				
	1	T0	MESNA (300mg/m <sup>2</sup> )		iv	12 hrs	NaCl 0.9% 1000ml				
Day 3 ...../...../.....		T1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	iv	15 min	NaCl 0.9% 50ml				
	2	T1	CYCLOPHOSPHAMIDE (300mg/m <sup>2</sup> )		iv	2 hrs	NaCl 0.9% 500ml				
	1	T12	MESNA (300mg/m <sup>2</sup> )		iv	12 hrs	NaCl 0.9% 1000ml to be completed 12 hours after the last Cyclophosphamide dose.				
	2	T13	CYCLOPHOSPHAMIDE (300mg/m <sup>2</sup> )		iv	2 hrs	NaCl 0.9% 500ml				

<b>Prescriber's Signature &amp; Date:</b>	<b>Pharmacist's Clinical Screen &amp; Date:</b>	<b>Final release signature &amp; Date:</b>
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Patient Name		Kent & Medway SACT proforma				Date Calculated →		Protocol Number HAEM-NHL-019	
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DOB						Weight (kg)		Pharmacist: J. Sawyer/O. Okuwa Review by October 2015 Version 1	
Consultant						Surface Area (m <sup>2</sup> )		Allergies:	
Notes									
• Doxorubicin must be infused via a central line.									
Day	Drug	Dose	Route	Infusion Duration	Administration Details	Batch No	Nurses Signature	Start Time	Stop Time
Day 4	Ondansetron	<75yrs 16mg ≥75yrs 8mg	iv	15 min	NaCl 0.9% 50ml				
.....	VINCRIStINE	2mg	iv	5-10 mins	NaCl 0.9% 50ml (give 12 hours after the last dose of Cyclophosphamide)				
	DOXORUBICIN (50mg/m <sup>2</sup> ) over 48 hours		iv	48 hrs	via continuous infusion pump (LV5)				
Day 5	Ondansetron	<75yrs 16mg ≥75yrs 8mg	iv	15 min	NaCl 0.9% 50ml				
.....	VINCRIStINE	2mg	iv	5-10 mins	NaCl 0.9% 50ml				
Day 11									
.....	VINCRIStINE	2mg	iv	5-10 mins	NaCl 0.9% 50ml				
TTO MEDICATION	Drug	Dose	Route	Directions					
	DEXAMETHASONE	40mg	po	od days 1 to 4 of chemo					
	DEXAMETHASONE	40mg	po	od days 11 to 14 of chemo					
	Ranitidine	150mg	po	bd					
Prescriber's Signature & Date:				Pharmacist's Clinical Screen & Date:		Final release signature & Date:		Page 3 of 4	

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Patient Name		<p align="center"><b>Kent &amp; Medway SACT proforma</b></p> <p align="center"><b>Hyper CVAD</b></p> <p align="center"><b>Non-Hodgkin's Lymphoma</b></p> <p align="center"><b>Curative / Remission</b></p> <p align="center">Cycle No.....</p> <p align="center">(Repeat every 21 days)</p> <p align="center">Length of cycle: 3 weeks</p> <p align="center">No. cycles: 4+4</p> <p align="center">Alternating with Methotrexate and Cytarabine.</p> <p align="center">Use this proforma for cycles 1,3,5 + 7</p> <p align="center">Use separate proforma for cycles 2,4,6 + 8</p>				Date Calculated →	Protocol Number <b>HAEM-NHL-019</b>	
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DOB						Weight (kg)	Pharmacist: J. Sawyer/O. Okuwa Review by October 2015 Version 1	
Consultant		Surface Area (m <sup>2</sup> )	Allergies:					
Notes								
TTO MEDICATION	Drug	Dose	Route	Directions	Date	Quantity	Disp	Check
	Metoclopramide	10mg	po	Up to tds regularly for 3 days; then 10mg up to tds PRN (28 tabs).				
	Allopurinol	300mg	po	od for 3 weeks (first cycle only)				
	Filgrastim	300µg	sc	od from Day 6 of chemotherapy until neutrophil recovery, i.e neutrophils $\geq 1.0 \times 10^9/L$ for 2 consecutive days (supply 5 doses).				
	Aciclovir	400mg	po	bd				
	Itraconazole liquid	200mg	po	bd				
	Co-trimoxazole	480mg	po	bd on Mon, Weds & Fri				
Prescriber's Signature & Date:			Pharmacist's Clinical Screen & Date:		Final release signature & Date:		Page 4 of 4	

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