

Patient Name	Kent & Medway SACT proforma						Date Calculated	Height (m)	Protocol Number		
Patient Number									HAEM-NHL-033 (hydration)		
DOB									Authorising Consultant:		
Consultant									S Rassam / J Lindsay		
Notes	HYDRATION CHART for use with high dose Methotrexate (following regimens : HDMTX, CODOX-M 3 & CODOX-M 6.72) Non-Hodgkin's Lymphoma Cycle No.....						Weight (kg)	Surface Area (m ²)	Pharmacist:		
								J Sawyer / O Okuwa			
								Review by October 2015			
								Version 1			
								Allergies:			
Day	Time	Drug	Dose	Route	Hours for infusion bag to run over	Infusion bag	Date	Batch No	Nurses Signature	Start Time	Stop Time
Day 3-5	T24	0.9% NaCl + 50-100mmol Sodium bicarbonate + 20mmol Potassium chloride	125ml/m ² /hr for 72 hours	iv	_____ hrs	1 Litre					
Post-hydration		1L 5% glucose +50-100mmol Sodium bicarbonate + 20mmol Potassium chloride	125ml/m ² /hr for 72 hours	iv	_____ hrs	1 Litre					
Nurse must sign for each litre bag administered alternating between 0.9%NaCl + additives and 5%Glucose + additives as above, (number of bags varies dependent on size of patient)											
Prescriber's Signature & Date: _____ Pharmacist's Clinical Screen & Date: _____ Final release signature & Date: _____											

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Patient Name	Kent & Medway SACT proforma								Date Calculated	Protocol Number		
Patient Number										HAEM-NHL-033 (Hydration)		
DOB									Height (m)	Authorising Consultant:		
Consultant										S Rassam / J Lindsay		
<p style="text-align: center;">HYDRATION CHART for use</p> <p style="text-align: center;">with high dose Methotrexate</p> <p style="text-align: center;">(following regimens : HDMTX, CODOX-M 3 & CODOX-M 6.72)</p> <p style="text-align: center;">Non-Hodgkin's Lymphoma</p> <p style="text-align: center;">Cycle No.....</p>										Signature: 		
Notes	<ul style="list-style-type: none"> Start Folinic Acid rescue at T36. T0 is the start of HDMTX infusion. 								Weight (kg)	Pharmacist: J Sawyer / O Okuwa		
									Review by October 2015	Version 1		
									Surface Area (m ²)	Allergies:		
Day	Time	Drug	Dose	Route	Infusion Duration	Administration Details	Date	Batch No	Nurses Signature	Start Time	Stop Time	
Days 3-5 Continuing from page 3 .../.../...		0.9% NaCl + 50-100mmol Sodium bicarbonate + 20mmol Potassium chloride	125ml/m ² /hr for 72 hours	iv	— hrs	1 Litre						
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