

Document Code:	HROTA314	Written by:	Nicky Marchant	Authorised By:	Consultant Lindsay George
Issue No:	3.1	Issue date:	February 2023	Clinical Nurse Specialist	Niteela Jones M. Lewis
Page:	1 of 2	Valid until:	Next review	Pharmacist	Nick Duncan

Patient label:

Hb	Na ⁺	Alb	Height
WCC	K ⁺	Bili	Weight
Nts	U	AlkPhos	S.A.
Pit	Cr	ALT	
	GFR		
	Ca		
	Mg		

Reference NSSG

**Escalated
BEACOP DAC**

Cycle No:

Indication: Hodgkin's lymphoma. To be repeated every 21 days for 4 to 6 cycles.

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRAT ION	TIME	Pharm.
1	Akynzeo	20mg/m ²	1 capsule	PO			60mins pre-chemotherapy.	sig.		
	Prednisolone	20mg/m ²		PO						
	DOXORUBICIN	35mg/m ²		IV STAT						
	MESNA	250mg/m ²		N/SALINE	100ml	30 mins				
	CYCLOPHOSPHAMIDE	1250mg/m ²		N/SALINE	500ml	1 hour				
	ETOPOSIDE*	200mg/m ²		N/SALINE	1000ml	2 hours				
	MESNA	250mg/m ²		N/SALINE	100ml	30 mins	Administered 2 hours post cyclophosphamide			
2	Metoclopramide		10mg	PO						
	Prednisolone	20mg/m ²		PO						
	DARCARBAZINE	250mg/m ²		N/SALINE	500ml	1 hour	Light sensitive – Protect infusion bag and line			
	ETOPOSIDE*	200mg/m ²		N/SALINE	1000ml	2 hours				
3	Metoclopramide		10mg	IV STAT						
	Prednisolone	20mg/m ²		PO						
	DARCARBAZINE	250mg/m ²		N/SALINE	500ml	1 hour	Light sensitive – Protect infusion bag and line			
	ETOPOSIDE*	200mg/m ²		N/SALINE	1000ml	2 hours				
8	Metoclopramide		10mg	PO						
	VINCRIStINE	1.4mg/m ²		N/SALINE	50ml	10 mins				Max 2mg
	BLEOMYCIN	10,000units/m ²	Max 2mg	N/SALINE	250ml	1 hour				

* If etoposide concentration exceeds 0.36mg/ml, the dose will have to be split between two bags.

Prescriber Date: Chemo Nurse Date: Pharmacist Date:

UNIVERSITY BIRMINGHAM NHS FOUNDATION TRUST

HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION

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Proceed rules for day 1 only, validity within 96 hours.

FBC to be repeated on day 8, but chemotherapy can be administered without waiting for results.

Drug	Neutrophils	Platelets	Renal (EDTA GFR ml/min)	Hepatic(bilirubin $\mu\text{mol/L}$)
Bleomycin	$<1 \times 10^9/\text{L}$ Contact prescriber	$<100 \times 10^9/\text{L}$ Contact prescriber	>50 100% $10-50$ 75% <10 50%	Clinical decision
Cyclophosphamide			$\geq 30 = 100\%$ $10-29 = 75\%$ $<10 = 50\%$	N/A
Doxorubicin			Clinical decision in severe impairment.	$20-50 = 50\%$ $51-85 = 25\%$ $>85 = \text{Omit}$
Etoposide			$>50 = 100\%$ $10-50 = 75\%$ $<10 = \text{Contact prescriber}$	< 50 and normal albumin levels and renal function = 100% ≥ 50 or decreased albumin = Consider 50%
Vincristine			No dose reduction necessary	$>51 = 50\%$ dose

Anti-emetics

- Metoclopramide 10mg TDS PRN PO

Medications to be prescribed on PICS

Supportive medication

- Prednisolone 40mg/m² daily on days 4 -14
- Benzylamine mouthwash 10ml QDS PRN
- Chlorhexidine mouthwash 10ml QDS PRN
- Mesna 500mg/m² PO six hours after cyclophosphamide on day one.
- Allopurinol 300mg OD (100mg OD in renal impairment) for the first four weeks.
- Aciclovir 400mg BD
- Lansoprazole 30mg OD
- Co-trimoxazole 480mg BD TTW
- Pegfilgrastim 6mg S/C Injection one off injection on day 9

Other information

- If etoposide concentration exceeds 0.36mg/ml, the dose will have to be split between two bags.
- Mesna tablets are available in 400mg and 600mg tablets.
- Prednisolone on days 1-3 is 50% due to interaction with Akynzeo/Aprepitant. If Akynzeo/Aprepitant is not used dose can be increased to 40mg/m².
- Akynzeo is only licensed in patients ≥ 18 yrs old. Consider using Aprepitant/Ondansetron combination instead in patients < 18 yrs old (Aprepitant licensed in ≥ 12 years).