

UNIVERSITY BIRMINGHAM NHS FOUNDATION TRUST

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Issue No: 3.1

Clinical Nurse Specialist Neeta Jones M.

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Valid until: February 2023

Next review

Pharmacist Nick Duncan

HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION

Patient label:

Hb	Na ⁺	Alb	Height
WCC	K ⁺	Bili	Weight
Nts	U	AlkPhos	S.A.
Plt	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 sig. sig.	TIME	Pharm.
1	Akyneo			1 capsule	PO		60mins pre-chemotherapy.			
	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	100ml	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						
	VINCERISTINE	1.4mg/m ²		N/SALINE	50ml	10 mins				
	BLEOMYCIN	10,000units/m ²	Max 2mg	N/SALINE	250ml	1 hour				Max 2mg

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

Prescriber

Date: Chemo Nurse

Date: Pharmacist

Date:

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		Clinical Nurse Specialist	Neela Jones M. UDUNW
		Pharmacist	Nick Duncan NPAJ

Patient label:

**Escalated
BEACOP DAC**

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 μ mmol/L)
Bleomycin	<1x10 ⁹ /L Contact prescriber	<100x10 ⁹ /L Contact prescriber	>50 10-50 <10	100% 75% 50%
Cyclophosphamide			$\geq 30 = 100\%$ $10-29 = 75\%$ $<10 = 50\%$	N/A
Doxorubicin			Clinical decision in severe impairment.	20-50 = 50% 51-85 = 25% >85 = Omit
Etoposide			>50 = 100% 10-50 = 75% <10 = 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

Medications to be prescribed on PICS

Anti-emetics	Supportive medication
• Metoclopramide 10mg TDS PRN PO	• Prednisolone 40mg/m ² daily on days 4-14
	• Benzylamine mouthwash 10ml QDS PRN
	• Chlorhexidine mouthwash 10ml QDS PRN
	• Mesna 500mg/m ² 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 SC Injection one off injection on day 9

Other information

- If etoposide concentration exceeds 0.30 mg/L , 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 Akyenze/Aprepitant. If Akynzeo/Aprepitant is not used dose can be increased to 40 mg/m^2 .
 - 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).