

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Department of Haematology
Bone Marrow Transplant Unit

2 Riccarton Avenue, Christchurch 8011

Phone 03 364 0640

Prescribers Full Name

Prescribers NZMC Registration Number

	Pharmacy stamp
--	----------------

Haematology supportive care (R-CHOEP)

	Date dispensed	Pharmacist's initials
<p><u>Prednisone 20mg tablets</u> Take FIVE tablets (= 100 mg) each morning on days 1-5 of each 21 day chemotherapy cycle. Supply:</p>		
<p><u>Paracetamol 500mg tablets</u> Take 2 tablets 1 hour prior to each rituximab infusion. Supply:</p>		
<p><u>Loratadine 10mg tablets</u> Take 2 tablets 1 hour prior to each rituximab infusion. Supply:</p>		
<p><u>Ondansetron 8mg tablets</u> Take 8mg 1 hour prior to chemotherapy, and 8mg on the evenings of chemotherapy if needed. Supply:</p>		
<p><u>Etoposide capsules</u> Take _____ mg ONCE daily on days 2 and 3. of each 21 day chemotherapy cycle (<i>dose = 200 mg/m²</i>). Supply:</p>		

Please cross off and sign any items not required

Signature of Prescriber

Date

Department of Haematology
Bone Marrow Transplant Unit

2 Riccarton Avenue, Christchurch 8011

Phone 03 364 0640

Prescribers Full Name

Prescribers NZMC Registration Number

	Pharmacy stamp
--	----------------

Haematology supportive (R-CHOEP)

	Date dispensed	Pharmacist's initials
<u>Domperidone 10mg tablets</u> Take 10mg QID PRN Supply:		
<u>Allopurinol tablets</u> Take mg once daily with food Supply:		
<u>Valaciclovir 500mg tablets</u> Take 500mg time(s) daily Supply:		
<u>Trimethoprim + Sulfamethoxazole 480mg tablets</u> Take ONE tablet ONCE daily Supply :		

Please cross off and sign any items not required

_____ Date _____
Signature of Prescriber