

Unit no (affix hospital addressograph)
Surname
First name
Date of Birth
Ward
Consultant

Appendix 1: WESSEX BLOOD AND MARROW TRANSPLANT –HYDRATION PRESCRIPTION FOR CYCLOPHOSPHAMIDE CHEMOTHERAPY CONDITIONING FOR HSCT
Cyclophosphamide (prescribed on ARIA) and Mesna (prescribed on JAC) to be administered via line 2

LINE 1
HYDRATION

DAY	DATE & TIME	DRUG	DOSE	INFUSION FLUID & VOLUME	ADDITIVES	ROUTE	INFUSION RATE	LINE	GIVEN/ CHECKED BY	START/STOP TIME	COMMENTS
-7	2200	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9% 1000ml		IV	Infuse over 12 hours at 83ml/hr	1			FUROSEMIDE 20-40MG IV STAT may be required during treatment to maintain diuresis/ fluid balance
-6	1000	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9%, Potassium chloride 0.2% 1000ml		IV	Infuse over 6 hours at 167ml/hr	1			
-6	1600	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9%, Potassium chloride 0.2% 1000ml		IV	Infuse over 6 hours at 167ml/hr	1			FUROSEMIDE 20-40MG IV may be required to maintain fluid balance
-6	2200	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9%, Potassium chloride 0.2% 1000ml		IV	Infuse over 6 hours at 167ml/hr	1			
-5	0400	HYDRATION FLUID (1000ml)	1000 ml	Glucose 5%		IV	Infuse over 6 hours at 167ml/hr	1			

Prescribed by :

Date:

Pharmacist:

Date:

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DAY	DATE & TIME	DRUG	DOSE	INFUSION FLUID & VOLUME	ADDITIVES	ROUTE	INFUSION RATE	LINE	GIVEN/CHECKED BY	START/STOP TIME	COMMENTS
-5	1000	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9%, Potassium chloride 0.2% 1000ml		IV	Infuse over 6 hours at 167ml/hr	1			FUROSEMIDE 20-40MG IV may be required to maintain fluid balance
-5	1600	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9%, Potassium chloride 0.2% 1000ml		IV	Infuse over 6 hours at 167ml/hr	1			
-5	2200	HYDRATION FLUID (1000ml)	1000 ml	Sodium chloride 0.9%, Potassium chloride 0.2% 1000ml		IV	Infuse over 6 hours at 167ml/hr	1			FUROSEMIDE 20-40MG IV may be required to maintain fluid balance
-4	0400	HYDRATION FLUID (1000ml)	1000 ml	Glucose 5%		IV	Infuse over 6 hours at 167ml/hr	1			
FLUID PRESCRIPTION CONTINUES ON NORMAL FLUID PRESCRIPTION SHEET											
TBI GIVEN DAYS –3 to –1 (see protocol)											
Prescribed by :				Date:		Pharmacist:				Date:	