

CONSULTANT:  
DR M J MCMAHON  
WARD: OPD

**RHEUMATOLOGY**

VASCULITIS PROTOCOL

PULSE NUMBER  
4 5 6 7 8 9 10

NAME  
UNIT NUMBER

REQUIRED DATE

*DAY 1*

Start of treatment	(e.g. 8.00 a.m.)	DOMPERIDONE MESNA	20 mg 400 mg
Two hours later	(e.g. 10 a.m.)	CYCLOPHOSPHAMIDE	
Two hours later	(e.g. noon)	DOMPERIDONE MESNA	20 mg 400 mg
Four hours later	(e.g. 4 p.m.)	MESNA	400 mg
Two hours later	(e.g. 6 p.m.)	DOMPERIDONE	20 mg
Four hours later	(e.g. 10 p.m.)	DOMPERIDONE	20 mg

*DAY 2*

Start of treatment	(e.g. 8.00 a.m.)	DOMPERIDONE MESNA	20 mg 400 mg
Two hours later	(e.g. 10 a.m.)	CYCLOPHOSPHAMIDE	
Two hours later	(e.g. noon)	DOMPERIDONE MESNA	20 mg 400 mg
Four hours later	(e.g. 4 p.m.)	MESNA	400 mg
Two hours later	(e.g. 6 p.m.)	DOMPERIDONE	20 mg
Four hours later	(e.g. 10 p.m.)	DOMPERIDONE	20 mg

*DAY 3*

Start of treatment	(e.g. 8.00 a.m.)	DOMPERIDONE MESNA	20 mg 400 mg
Two hours later	(e.g. 10 a.m.)	CYCLOPHOSPHAMIDE	
Two hours later	(e.g. noon)	DOMPERIDONE MESNA	20 mg 400 mg
Four hours later	(e.g. 4 p.m.)	MESNA	400 mg
Two hours later	(e.g. 6 p.m.)	DOMPERIDONE	20 mg
Four hours later	(e.g. 10 p.m.)	DOMPERIDONE	20 mg

SIGNATURE  
DATE

3.3 mg/kg SRV  
5 mg/kg WG

TAKE YOUR OTHER MEDICATIONS AS USUAL  
REMEMBER TO DRINK PLENTY OF WATER EACH DAY