

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ NHS No _____

Protocol IDELALISIB + RITUX (RIXATHON)

Course Name: Idelalisib+Ritux (Rixathon) 375mg/m2(split day) C1

Type of line _____ No. of lumen: _____

Diagnosis Chronic lymphocytic leukaemia/Small lymph

SA (m²) _____ Height (m) _____ Weight (kg) _____

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 3ULN	0.00	120.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS> 75	75.00	600.00	Day [1]			

Additional Prescribing Notes

Administration of rituximab infusions: Refer to and follow Trust guidelines.

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance

1) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/ Checked by	Time Start/ Stop	Comments
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (RIXATHON) (100mg)	100 mg	SODIUM CHLORIDE 0.9% 100 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - follow Trust guidelines. Ensure patient has received chlorphenamine and paracetamol.
2	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituxumab infusion

Allocated by: _____ Date: ____/____/____

Confirmed by: _____ Date: ____/____/____

Authorised by: _____ Date: ____/____/____

Checked by: (Pharmacist) _____ Date: ____/____/____

Chart Id.: _____

Parenteral

Intrathecal

Oral

2

0

2

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

NHS No

Ward

IDELALISIB + RITUX (RIXATHON)

Idelalisib+Ritux (Rixathon) 375mg/m2(split day) C1

SA (m²)

Height (m)

Weight (kg)

Day	Date and Time	Drug and dose (per m2) or dose (per kg)	ACTUAL DOSE	Infusion Fluid and Final Volume	Route	Additives	Time/Infusion Rate	Line	Given/Checked by	Time Start/Stop	Comments
2	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituxumab infusion
2	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituxumab infusion
2	T=hrs	RITUXIMAB (RIXATHON) (375mg/m²)	 mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate. Ensure chlorphenamine & paracetamol has been given. Dose is the balance of total dose (375mg/m2 - 100mg)

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Forename	Surname		Protocol	IDELALISIB + RITUX (RIXATHON)	SA (m²)
			Course Name	Idelalisib+Ritux (Rixathon) 375mg/m2(split day) C1	Height (m)
DOB	Patient NO	Local No.	NHS No		Weight (kg)
Consultant		Ward	Diagnosis	Chronic lymphocytic leukaemia/Small lymph	
Address	Anyroad,Anytown,				

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	IDELALISIB																	
Actual dose	150 mg	Duration	28 DAYS															
Route	PO	Start Date																
Frequency	BD	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Supply 1 original container of 60 tablets. Swallow whole with or without food.																	
Drug & dose	CO-TRIMOXAZOLE																	
Actual dose	960 mg	Duration	28 DAYS															
Route	PO	Start Date																
Frequency	OD M,W,F	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	960mg of Co-Trimoxazole to be taken on Mondays, Wednesdays and Fridays throughout treatment.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	Chart Id.:
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Patient Details

Forename	Surname		Protocol	IDELALISIB + RITUX (RIXATHON)	SA (m²)
			Course Name	Idelalisib+Ritux (Rixathon) 375mg/m2(split day) C1	Height (m)
DOB	Patient NO	Local No.	NHS No		Weight (kg)
		Ward			
Address					

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ACICLOVIR																	
Actual dose	200 mg	Duration	28 DAYS															
Route	PO	Start Date																
Frequency	TDS	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	
Drug & dose	LOPERAMIDE																	
Actual dose	2 mg	Duration	SEE NOTE															
Route	PO	Start Date																
Frequency	SEE NOTE	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take 4mg after first loose stool then 2mg after each loose stool thereafter upto maximum of 16mg in 24 hours. If pre-pack supplied, record Batch Number: _____																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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