

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

Cycle prescribing

DOB

Patient NO

Local No.

Course Name:

RITUXIMAB (TRUXIMA) SINGLE-AGENT 7 DAY CYCLE

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

Chronic lymphocytic leukaemia/Small lymph

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Administration of rituximab infusions: Refer to and follow Trust guidelines</div>
Height (m)							
Weight (kg)							
SA (m²)							

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		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 (TRUXIMA) (375mg/m²)	 mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Truxima brand. Variable infusion rate - follow Trust guidelines. Ensure patient has received chlorphenamine and paracetamol.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

1

0

0

Date:

Date:

Date:

Date: