

Trust location: \_\_\_\_\_

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

Consultant \_\_\_\_\_ Ward \_\_\_\_\_

NHS No \_\_\_\_\_

Parenteral Cytotoxic Chart

Chemocare Version 1.01

Protocol IDELALISIB + RITUXIMAB (TRUXIMA)

Course Name: Idelalisib+Ritux (Truxima) 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 (TRUXIMA) (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 2  
Intrathecal 0  
Oral 2

Trust location: \_\_\_\_\_

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

DOB

Patient NO

Local No.

Course Name:

NHS No

Ward

IDELALISIB + RITUXIMAB (TRUXIMA)

Idelalisib+Ritux (Truxima) 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 (TRUXIMA) (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.:

Patient Details

Forename	Surname		Protocol	IDELALISIB + RITUXIMAB (TRUXIMA)	SA (m²)
			Course Name	Idelalisib+Ritux (Truxima) 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.:

Patient Details

Forename	Surname		Protocol	IDELALISIB + RITUXIMAB (TRUXIMA)		SA (m²)	
			Course Name	Idelalisib+Ritux (Truxima) 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:	
/ /	/ /	/ /	/ /	