

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

Protocol R-GDP (RIXATHON)

Course Name: R-GDP (Rixathon)

Type of line _____ No. of lumen: _____

Diagnosis _____

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SA (m²) _____

Height (m) _____

Weight (kg) _____

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
COCKCROFT (>60)	60.00	300.00	Day [1]			
NEUTROPHILS > 1.0	1.00	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			
NEUTROPHILS > 0.5	0.50	15.00	Day [8]			
PLATELETS > 50	50.00	600.00	Day [8]			

Additional Prescribing Notes

Rituximab: Follow the Trust Guidelines for the Administration for Rituximab Infusions. Use of accelerated infusion may be appropriate (if the patients' last rituximab was less than 6 months prior to this treatment).

Grade 3 toxicity & neutropenia sepsis dose reduce to: Cisplatin 60mg/m2 and gemcitabine 900mg/m2.

If creatinine level increases by >20% for subsequent cycles, discuss with consultant

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	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before gemcitabine
1	T=:hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30 minutes before gemcitabine
1	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with gemcitabine
1	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with pre-hydration

Allocated by: _____ Date: ____/____/____

Confirmed by: _____ Date: ____/____/____

Authorised by: _____ Date: ____/____/____

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

Parenteral

Intrathecal

Oral

3

0

3

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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol _____

Course Name: _____

Partial Prescription0 of2 Segments

R-GDP (RIXATHON)

R-GDP (Rixathon)

SA (m²)

Height (m)

Weight (kg)

Page:2 of 6

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	CISPLATIN (75mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	MANNITOL 20% (0ml)	0 ml	None 100 ml	IV		Infuse over 10 Mins at a rate 600 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with cisplatin
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Run concurrently with rituximab
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	To be given 30-60 minutes before rituximab
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 30-60 minutes before rituximab
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	To be given 30-60 minutes before rituximab
1	T=hrs	RITUXIMAB (RIXATHON) (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Rixathon brand. Variable infusion rate - see additional prescribing notes.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
/ /	/ /	/ /	/ /

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DOB _____ Patient NO _____ Local No. _____

NHS No _____

Protocol _____

Course Name: _____

Ward _____

Parenteral Cytotoxic Chart

Partial Prescription0 of2 Segments

R-GDP (RIXATHON)

R-GDP (Rixathon)

SA (m²)
Height (m)
Weight (kg)

Page:3 of 6

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
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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Patient Details

Forename	Surname		Protocol	R-GDP (RIXATHON)					SA (m²)				
			Course Name	R-GDP (Rixathon)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose	40 mg		Duration	4 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Give first dose prior to chemotherapy																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Forename		Surname		Protocol	R-GDP (RIXATHON)								SA (m²)	
				Course Name	R-GDP (Rixathon)								Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)	
			Ward											
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
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	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	8														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	

Patient Details

Forename	Surname		Protocol	R-GDP (RIXATHON)					SA (m²)				
			Course Name	R-GDP (Rixathon)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	FILGRASTIM (G-CSF)																	
Actual dose	microgram		Duration	5 DAYS														
Route	SC		Start Date															
Frequency	OD		Start Day	9														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	SUBCUTANEOUS BOLUS																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	
/ /	/ /	/ /	/ /	