

## Patient Details

Forename	Surname	Protocol	NORDIC (RIXATHON)	SA (m <sup>2</sup> )
DOB	Patient NO	Local No.	Course Name: HD Cytarabine+Rituximab (Rixathon) NORDIC protocol	Height (m)
Consultant	Ward	Type of line	SINGLE LINE	Weight (kg)
NHS No		No. of lumen:		

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m <sup>2</sup> )					
BILIRUBIN <34	0.00 33.99	Day [1]			
COCKCROFT (>60)	60.00 300.00	Day [1]			
NEUTROPHILS > 1.0	1.00 15.00	Day [1]			
PLATELETS > 75	75.00 600.00	Day [1]			

**Additional Prescribing Notes**

To be prescribed on e-record

- 1) Anti-emetics: Ondansetron 8mg BD PO for 10 days from D1. Metoclopramide 10mg TDS PO for 10 days from D1.
- 2) G-CSF: as local guidelines from D3
- 3) Prophylaxis HSV+VZV: aciclovir 200mg TDS PO.
- 4) Prophylaxis PCP: co-trimoxazole 960mg ONCE a day PO on Mondays, Wednesdays and Fridays each week.
- 5) Prophylaxis antifungal: itraconazole 200mg BD PO.

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

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	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Rixathon brand. Variable infusion rate - see additional prescribing notes.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)		
Date: / /	Date: / /	Date: / /	Date: / /	Parenteral	2
				Intrathecal	0
				Oral	1

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

## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

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DOB

Patient NO

Local No.

Course Name:

HD Cytarabine+Rituximab (Rixathon) NORDIC protocol

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

Ward

NHS No

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)	mg	None	IV		Slow Bolus		/	/	
1	T=hrs	CYTARABINE (3000mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		/	/	Give doses of cytarabine 12 hours apart
1	T=hrs	CYTARABINE (3000mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		/	/	Give doses of cytarabine 12 hours apart
2	T=hrs	CYTARABINE (3000mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		/	/	Give doses of cytarabine 12 hours apart
2	T=hrs	CYTARABINE (3000mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		/	/	Give doses of cytarabine 12 hours apart

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

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<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	NORDIC (RIXATHON)										<b>SA (m<sup>2</sup>)</b>	
		<b>Course Name</b>	HD Cytarabine+Rituximab (Rixathon) NORDIC protocol										<b>Height (m)</b>	
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>											<b>Weight (kg)</b>
<b>Consultant</b>		<b>Ward</b>	<b>Diagnosis</b>											
<b>Address</b>														

Record drug allergies or sensitivities

			Time	Date													
<b>Drug &amp; dose</b>	PREDNISOLONE 0.5%																
<b>Actual dose</b>	EYE DROPS 1 DROP	<b>Duration</b>	7 DAYS														
<b>Route</b>	EYE	<b>Start Date</b>															
<b>Frequency</b>	QDS	<b>Start Day</b>	1														
<b>Quantity Dispensed</b>		<b>Dispensed by</b>															
		<b>Accuracy check</b>															
<b>Note</b>																	

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	
<b>Date:</b> / /	<b>Date:</b> / /	<b>Date:</b> / /	<b>Date:</b> / /	