

Patient Details

Forename		Surname		Protocol		R-GCVP (TRUXIMA)		SA (m ²)	
Address		DOB		Patient NO		Local No.		Course Name:	
								Gem, Cyclo, Vinc, Pred + RITUXIMAB (TRUXIMA)	
Consultant		Ward		Type of line		SINGLE LINE		Diagnosis	
NHS No				No. of lumen:					

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m ²)					
ANC >1 (5 day expiry)	1.00	15.00	Day 1		
CREATININE(max 130)	0.00	130.00	Day 1		
Platelets >50 (5 day exp)	50.00	600.00	Day 1		
ANC >1 (5 day expiry)	1.00	15.00	Day 8		
CREATININE(max 130)	0.00	130.00	Day 8		
Platelets >50 (5 day exp)	50.00	600.00	Day 8		

Additional Prescribing Notes

Vincristine can cause pain and tissue necrosis if extravasated.

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

- 1) Consider stress ulcer PPI prophylaxis i.e. lansoprazole
- 2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.
- 3) A short course of G-CSF may be used at the discretion of the treating consultant.

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	21/11/2024 T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	21/11/2024 T=hrs	PREDNISOLONE (40mg/m ²)		None	PO				/	/	Should be given 30-60 minutes prior to rituximab infusion from take home supply or ward stock.
1	21/11/2024 T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Can be administered in addition to oral prednisolone if required.

Allocated by:		Confirmed by:		Authorised by:		Checked by: (Pharmacist)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Parenteral</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Intrathecal</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Oral</td> <td style="text-align: right;">2</td> </tr> </table>		Parenteral	3	Intrathecal	0	Oral	2
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1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	RITUXIMAB (TRUXIMA) (375mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Truxima brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
1	T=:hrs	VINCRIStINE (1.4mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Infuse over 5-10
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=hrs	GEMCITABINE (1000mg/m ²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 30 Mins at a rate 0 ml/hr		/	/	

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		Local No.	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
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
									Batch No.		
8	T=hrs	GEMCITABINE (1000mg/m ²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 30 Mins at a rate 0 ml/hr		/	/	
									Batch No.		

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Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

			Time	Date														
Drug & dose	PREDNISOLONE																	
Actual dose	mg	Duration	5 DAYS															
Route	PO	Start Date																
Frequency	OM	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Prednisolone dose should preferably be taken in the morning, and the first dose should be taken before the rituximab infusion.																	
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 : _____.																	

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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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.															

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