



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

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

SC Rituximab Maint 2 MONTHLY

DOB

Patient NO

Local No.

Course Name:

SC Rituximab Maintenance 2 monthly

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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	RITUXIMAB (SUB CUT) (1400mg)	1400 mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Mabthera brand. Administer over 5 minutes.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date: