

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Page:1 of 4

ProtocolR-miniCHOP (TRUXIMA)

Course Name:Rituximab (Truxima) + miniCHOP

Type of line _____ No. of lumen: _____

Diagnosis _____

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ANC >1 (5 day expiry)	1.00	15.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
CREATININE(max 130)	0.00	130.00	Day [1]			
Platelets >75 (5 day exp)	75.00	600.00	Day [1]			

Additional Prescribing Notes

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	T=hrs	PREDNISOLONE (40mg/m²)	mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion from take home supply or ward stock.
1	T=hrs	HYDROCORTISONE (100mg)	100mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Can be administered in addition to oral prednisolone if required.
1	T=hrs	PARACETAMOL (1000mg)	1000mg		PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	CHLORPHENAMINE (10mg)	10mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.

Allocated by: _____ Date: _____

Confirmed by: _____ Date: _____

Authorised by: _____ Date: _____

Checked by: (Pharmacist) _____ Date: _____

Parenteral
Intrathecal
Oral

2
0
2

Patient Details

Forename

Surname

Protocol

R-miniCHOP (TRUXIMA)

DOB

Patient NO

Local No.

Course Name:

Rituximab (Truxima) + miniCHOP

NHS No

Ward

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
1	T=hrs	RITUXIMAB (TRUXIMA) (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Truxima brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CYCLOPHOSPHAMIDE (400mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (25mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRIStINE (1mg)	1 mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	R-miniCHOP (TRUXIMA)										SA (m²)	
			Course Name	Rituximab (Truxima) + miniCHOP										Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant			Ward		Diagnosis										
Address															

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose			Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Taken preferably in the morning. First dose to be taken before the rituximab infusion.																	
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 : _____.																	

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

Patient Details

Forename	Surname		Protocol	R-miniCHOP (TRUXIMA)					SA (m²)							
			Course Name	Rituximab (Truxima) + miniCHOP					Height (m)							
DOB	Patient NO		Local No.		NHS No							Weight (kg)				
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
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:	