

Patient Details

Forename

Surname

Protocol

Ritux- Cytarabine+MTX+Thiotepa

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Ritux D-5,D1- Cytarabine+MTX+Thiotepa+Rituximab

Height (m)

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Administration of rituximab infusions: Refer to and follow Trust guidelines.</div>
Height (m)							
Weight (kg)							
SA (m²)							

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		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes. (This is = to day -5 of cycle rituximab-cytarabine+MTX+ thiotepa)
6	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
6	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

2

0

1

Date:

Date:

Date:

Date:

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6	T=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
6	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Variable infusion rate - see additional prescribing notes. Ensure patient has received pre-medication.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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			Course Name	Ritux D-5,D1- Cytarabine+MTX+Thiotepa+Rituximab										Height (m)	
DOB	Patient NO		Local No.		NHS No								Weight (kg)		
Consultant			Ward		Diagnosis										
Address															
Record drug allergies or sensitivities															
			Time	Date											
Drug & dose	ALLOPURINOL														
Actual dose	300 mg		Duration	7 DAYS											
Route	PO		Start Date												
Frequency	OD		Start Day	1											
Quantity		Dispensed by													
Dispensed		Accuracy check													
Note	Supply on cycle 1 only.														

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