

## Patient Details

Forename	Surname	Protocol	VR-CAP (TRUXIMA)	SA (m <sup>2</sup> )
DOB	Patient NO	Local No.	Course Name: VR-CAP (Truxima)	Height (m)
Consultant	Ward	Type of line	Diagnosis	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> )					
ALA TRANSAM 3ULN	0.00 120.00	Day [1]			
BILIRUBIN 1.5ULN	0.00 31.50	Day [1]			
Cockcroft >20mls/min	20.00 300.00	Day [1]			
NEUTROPHILS > 1.5	1.50 15.00	Day [1]			
PLATELETS > 100	100.00 600.00	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

Rituximab: Follow the Trust Guidelines for the Administration for Rituximab Infusions.

Bortezomib  
Inject into thigh or abdomen. Injection site should be rotated, new injections should be given at least 2.5cm from previous site  
A 25 gauge needle is recommended. This needle should not be purged of air prior to injection being administered.

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				/	/	
1	T=hrs	BORTEZOMIB (1.3mg/m <sup>2</sup> )	mg	None	SC		Slow Bolus		/	/	For administration see additional prescribing notes.
1	T=hrs	PREDNISOLONE (100mg/m <sup>2</sup> )	mg	None	PO				/	/	Should be given 30-60 minutes prior to rituxumab infusion from take home supply or ward stock.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	3
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	3

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

## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

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Forename

Surname

Protocol

VR-CAP (TRUXIMA)

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

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

VR-CAP (Truxima)

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	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Can be administered in addition to oral prednisolone if required. Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
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 <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Truxima brand. Variable infusion rate - Follow Trust Guidelines for the Administration for Rituximab Infusions.
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	DOXORUBICIN (50mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	

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

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

# Parenteral Cytotoxic Chart

## Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Protocol **VR-CAP (TRUXIMA)**

SA (m<sup>2</sup>)  
Height (m)  
Weight (kg)

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: **VR-CAP (Truxima)**

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
4	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				/	/	
4	T=hrs	BORTEZOMIB (1.3mg/m <sup>2</sup> )	mg	None	SC		Slow Bolus		/	/	For administration see additional prescribing notes.
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				/	/	
8	T=hrs	BORTEZOMIB (1.3mg/m <sup>2</sup> )	mg	None	SC		Slow Bolus		/	/	For administration see additional prescribing notes.
11	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				/	/	
11	T=hrs	BORTEZOMIB (1.3mg/m <sup>2</sup> )	mg	None	SC		Slow Bolus		/	/	For administration see additional prescribing notes.

Allocated by:  Date:	Confirmed by:  Date:	Authorised by:  Date:	Checked by: (Pharmacist)  Date:
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		Course Name	VR-CAP (Truxima)	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	DAILY	Start Day	1																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note																			
Drug & dose	ALLOPURINOL																		
Actual dose	300 mg	Duration	21 DAYS																
Route	PO	Start Date																	
Frequency	OD	Start Day	1																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note	Cycle 1 only, unless required. If pre-pack supplied record Batch Number : _____.																		

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

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DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

Record drug allergies or sensitivities

			Time	Date															
<b>Drug &amp; dose</b>	ACICLOVIR																		
<b>Actual dose</b>	200 mg	<b>Duration</b>	21 DAYS																
<b>Route</b>	PO	<b>Start Date</b>																	
<b>Frequency</b>	TDS	<b>Start Day</b>	1																
<b>Quantity Dispensed</b>		<b>Dispensed by</b>																	
		<b>Accuracy check</b>																	
<b>Note</b>	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.																		
<b>Drug &amp; dose</b>	ONDANSETRON																		
<b>Actual dose</b>	8 mg	<b>Duration</b>	2 DAYS																
<b>Route</b>	PO	<b>Start Date</b>																	
<b>Frequency</b>	BD	<b>Start Day</b>	1																
<b>Quantity Dispensed</b>		<b>Dispensed by</b>																	
		<b>Accuracy check</b>																	
<b>Note</b>	If pre-pack supplied record Batch Number : _____.																		

<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>	
				<b>Chart Id.:340964</b>

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<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	VR-CAP (TRUXIMA)	<b>SA (m<sup>2</sup>)</b>
		<b>Course Name</b>	VR-CAP (Truxima)	<b>Height (m)</b>
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>	<b>Weight (kg)</b>
		<b>Ward</b>		
<b>Address</b>				

Record drug allergies or sensitivities

		Time	Date												
<b>Drug &amp; dose</b>	METOCLOPRAMIDE														
<b>Actual dose</b>	10 mg	<b>Duration</b>	PRN												
<b>Route</b>	PO	<b>Start Date</b>													
<b>Frequency</b>	TDS	<b>Start Day</b>	1												
<b>Quantity Dispensed</b>		<b>Dispensed by</b>													
		<b>Accuracy check</b>													
<b>Note</b>	If pre-pack supplied record Batch Number : _____.														

<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>	