

Patient Details

ForenameSurnameProtocol

Address

DOBPatient NOLocal No.Course Name:

ConsultantWardType of lineNo. of lumen:

NHS No

Balance of partial rituximab (Rixathon) dose

SINGLE LINE

SA (m²)  
Height (m)  
Weight (kg)

Diagnosis

Page:1 of 2

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						

**Additional Prescribing Notes**

This course is to supplement rituximab based chemotherapy. It is to be used when a whole planned dose can not be given in one session. Prescriber must prescribe as a one-off on an off-protocol basis. The dose must be manually adjusted to make up the balance of the previously planned dose. Before administration the giving nurse and second checker must check that doses have been calculated correctly.

Planned dose = \_\_\_\_\_mg. Dose given = \_\_\_\_\_mg.  
Balance required = \_\_\_\_\_mg. Checked by \_\_\_\_\_ and \_\_\_\_\_.

FIRST RITUXIMAB INFUSION: 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	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=:hrs	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.

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral  
Intrathecal  
Oral

2  
0  
0

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Patient NO

Local No.

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Course Name:

Balance of partial rituximab (Rixathon) dose

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1	T=:hrs	RITUXIMAB (RIXATHON) ( mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Rixathon brand. Variable infusion rate - see additional prescribing notes. Ensure patient has received chlorphenamine and paracetamol

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date: