

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

ForenameSurnameProtocolSC Rituximab Maint 3 MONTHLY

DOBPatient NOLocal No.Course Name:SC Rituximab Maintenance 3 monthly

Ward

NHS No

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 (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: