

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

Page:2 of 12

Forename

Surname

Test

Protocol

Ritux- Cytarabine+MTX+Thiotepa

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

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	DEXAMETHASONE (8mg)	8 mg	None	PO				/	/	Omit if taking regular high dose steroids.
1	T=:hrs	SODIUM BICARBONATE POLYFUSOR (102ml)	102 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Minimum of 6 hours of Sod. Bicarb prior to MTX infusion at a rate of 17ml/hr. Run concurrent with pre-hydration.
1	T=:hrs	PRE HYDRATION (Bag 1) (2000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr		/	/	Minimum of 6 hours of pre-hydration prior to MTX infusion.
1		PRE HYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr		/	/	
1	T=hrs	METHOTREXATE (500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 15 Mins at a rate 400 ml/hr		/	/	Do NOT start unless urine pH 7-8 & output >100ml/Hr Run concurrent with hyd Note time MTX started add date+times to folinic acid
1	T=:hrs	METHOTREXATE (3000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr		/	/	Run concurrent with hydration.
1	T=00:00hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with hydration.

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

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

Forename

Surname

Protocol

Ritux- Cytarabine+MTX+Thiotepa

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DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

SA (m²)

Height (m)

Weight (kg)

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	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
1	T=00:00hrs	HYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Run concurrent with MTX infusion and continue until MTX levels are <0.5micromol/L
1		HYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
1		HYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
1		HYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
2	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		/	/	Give doses of cytarabine 12 hours apart
2	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	First dose +24hrs after START of MTX infusion. Take MTX levels + U&Es

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
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Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

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Protocol

Ritux- Cytarabine+MTX+Thiotepa

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DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

SA (m²)

Height (m)

Weight (kg)

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
2	T=hrs	FOLINIC ACID (15mg/m ²)	27 mg	None	IV		Slow Bolus		/	/	+30hrs after START of MTX infusion.
2	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		/	/	Give doses of cytarabine 12 hours apart
2	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.
2	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
2	T=:hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.5micromol/L
2		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
2		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

Forename

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Protocol

Ritux- Cytarabine+MTX+Thiotepa

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DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

SA (m²)

Height (m)

Weight (kg)

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
2		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+36hrs after START of MTX infusion.
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+42hrs after START of MTX infusion.
3	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		/	/	Give doses of cytarabine 12 hours apart.
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+48hrs after START of MTX infusion. Take MTX levels + U&Es
3	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+54hrs after START of MTX infusion.
3	T=hrs	CYTARABINE (2000mg/m ²)	3600 mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 1 Hrs at a rate 250 ml/hr		/	/	Give doses of cytarabine 12 hours apart.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

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Forename

Surname

Protocol

Ritux- Cytarabine+MTX+Thiotepa

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

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
3	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.
3	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
3	T=hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.5micromol/L
3		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
3		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
3		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+60hrs after START of MTX infusion.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)
Date:	Date:	Date:	Date:
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			Chart Id.:

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Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

Forename

Surname

Protocol

Ritux- Cytarabine+MTX+Thiotepa

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DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

SA (m²)

Height (m)

Weight (kg)

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	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+66hrs after START of MTX infusion.
4	T=hrs	THIOTEPA (30mg/m ²)	mg	SODIUM CHLORIDE 0.9% 100 ml	IV		Infuse over 30 Mins at a rate 200 ml/hr		/	/	
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+72hrs after START of MTX infusion. Take MTX levels + U&Es
4	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+78hrs after START of MTX infusion.
4	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.
4	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.
4	T=hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.5micromol/L

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

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.04

Patient Details

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Forename

Surname

Protocol

Ritux- Cytarabine+MTX+Thiotepa

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Cytarabine+Methotrexate+Thiotepa D 1

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		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
4		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
4		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/Lt 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
5	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+84hrs after START of MTX infusion.
5	T=hrs	FOLINIC ACID (15mg/m ²)	mg	None	IV		Slow Bolus		/	/	+90hrs after START of MTX infusion.
5	T=hrs	SODIUM BICARBONATE POLYFUSOR (192ml)	192 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Run at a rate of 8ml/hr increase if required to 12-17ml/hr in order to maintain urine pH between 7-8. Run concurrent with post-hydration.
5	T=hrs	SODIUM BICARBONATE POLYFUSOR (0ml)	0 ml	Sodium Bicarb 8.4% 200 ml	IV				/	/	Use as notes above if needed.

Allocated by:
MARK BOUSFIELDDate:
04/01/2018 16:01

Confirmed by:

Date:
/ /

Authorised by:

Date:
/ /

Checked by: (Pharmacist)

Date:
/ /

Chart Id.:

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____
 Test _____ Protocol _____
 DOB _____ Patient NO _____ Local No. _____ Course Name: _____
 Ward _____
 NHS No _____

Ritux- Cytarabine+MTX+Thiotepa
 Cytarabine+Methotrexate+Thiotepa D 1

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
5	T=hrs	POSTHYDRATION (Bag 1) (4000ml)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/L 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	Continue until MTX levels are <0.5micromol/L
5		POSTHYDRATION (Bag 2)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/L 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
5		POSTHYDRATION (Bag 3)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/L 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	
5		POSTHYDRATION (Bag 4)		glucose 4%, sod. chlor 0.18% + potassium chlor. 20mmol/L 1000 ml	IV		Infuse over 6 Hrs at a rate 167 ml/hr		/	/	

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

Patient Details

Forename	Surname	Protocol	Ritux- Cytarabine+MTX+Thiotepa	SA (m ²)
		Course Name	Cytarabine+Methotrexate+Thiotepa D 1	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 0.5%																	
Actual dose	1 DROP	Duration	8 DAYS															
Route	EYE	Start Date																
Frequency	QDS	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	1 drop into both eyes FOUR times a day starting on day 1 and continuing for 5 days after the last dose of Cytarabine																	
Drug & dose	VORICONAZOLE																	
Actual dose	200 mg	Duration	28 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:
//	//	//	//

Patient Details

Forename	Surname	Protocol	Ritux- Cytarabine+MTX+Thiotepa	SA (m ²)
		Course Name	Cytarabine+Methotrexate+Thiotepa D 1	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

Record drug allergies or sensitivities

			Time	Date															
Drug & dose	ACICLOVIR																		
Actual dose	200 mg	Duration	28 DAYS																
Route	PO	Start Date																	
Frequency	TDS	Start Day	1																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note	If pre-pack supplied record Batch Number : _____.																		
Drug & dose	CO-TRIMOXAZOLE																		
Actual dose	960 mg	Duration	28 DAYS																
Route	PO	Start Date																	
Frequency	OD M,W,F	Start Day	5																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note																			

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

Patient Details

Forename	Surname	Protocol	Ritux- Cytarabine+MTX+Thiotepa					SA (m ²)
		Course Name	Cytarabine+Methotrexate+Thiotepa D 1					Height (m)
DOB	Patient NO	Local No.	NHS No					Weight (kg)
		Ward						
Address								

Record drug allergies or sensitivities

Drug & dose	Time	Date													
FILGRASTIM (G-CSF)															
Actual dose	microgram	Duration	8 DAYS												
Route	SC	Start Date													
Frequency	OD	Start Day	6												
Quantity Dispensed		Dispensed by													
		Accuracy check													
Note	SUBCUTANEOUS BOLUS														

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	
Date:	Date:	Date:	Date:	Chart Id.:
	//	//	//	