

Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

DOB

Patient NO

Local No.

Course Name:

HD Cytarabine+Ritux(Rixathon) D1+9 NORDIC protocol

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

| 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 (RIXATHON) (375mg/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. |
| 1 | T=hrs | ONDANSETRON (8mg) | 8 mg | None | IV | | Slow Bolus | | <div></div> <div>Batch No.</div> | <div></div> | |
| 1 | T=hrs | CYTARABINE (3000mg/m²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | <div></div> <div>Batch No.</div> | <div></div> | Give doses of cytarabine 12 hours apart |
| 1 | T=hrs | CYTARABINE (3000mg/m²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | <div></div> <div>Batch No.</div> | <div></div> | Give doses of cytarabine 12 hours apart |
| 2 | T=hrs | CYTARABINE (3000mg/m²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | <div></div> <div>Batch No.</div> | <div></div> | Give doses of cytarabine 12 hours apart |
| 2 | T=hrs | CYTARABINE (3000mg/m²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | <div></div> <div>Batch No.</div> | <div></div> | Give doses of cytarabine 12 hours apart |
| 9 | 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. |

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

Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

DOB

Patient NO

Local No.

Course Name:

HD Cytarabine+Ritux(Rixathon) D1+9 NORDIC protocol

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

| 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 |
|-----|---------------|---|-------------|---------------------------------|-------|-----------|--------------------|------|----------------------------------|-----------------|--|
| 9 | T=hrs | PARACETAMOL (1000mg) | 1000 mg | | PO | | | | <div></div> <div>Batch No.</div> | <div></div> | Should be given 30-60 minutes prior to rituximab infusion. |
| 9 | 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. |
| 9 | T=:hrs | RITUXIMAB (RIXATHON) (375mg/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. |

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

Patient Details

| | | | | | | | | | | | | | | |
|------------|------------|--|-------------|--|-----------|--|--|--|------------|--|--|-------------|--|--|
| Forename | Surname | | Protocol | NORDIC (RIXATHON) | | | | | SA (m²) | | | | | |
| | | | Course Name | HD Cytarabine+Ritux(Rixathon) D1+9 NORDIC protocol | | | | | 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 | EYE DROPS 1 DROP | | Duration | 7 DAYS | | | | | | | | | | | | | | |
| Route | EYE | | Start Date | | | | | | | | | | | | | | | |
| Frequency | QDS | | Start Day | 1 | | | | | | | | | | | | | | |
| Quantity Dispensed | | Dispensed by | | | | | | | | | | | | | | | | |
| | | Accuracy check | | | | | | | | | | | | | | | | |
| Note | | | | | | | | | | | | | | | | | | |

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