

Patient Details

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|------------|---------------|--------------|---|----------------------|
| Forename | Surname | Protocol | NORDIC (RIXATHON) | SA (m ²) |
| DOB | Patient NO | Local No. | Course Name: HD Cytarabine+Ritux(Rixathon) D1+9 NORDIC protocol | Height (m) |
| Consultant | Ward | Type of line | SINGLE LINE | Weight (kg) |
| NHS No | No. of lumen: | Diagnosis | | |

| Monitoring | Acceptable Range | Date Due | Date of Test | Value | Checked |
|----------------------|------------------|----------|--------------|-------|---------|
| Height (m) | | | | | |
| Weight (kg) | | | | | |
| SA (m ²) | | | | | |
| BILIRUBIN <34 | 0.00 33.99 | Day [1] | | | |
| COCKCROFT (>60) | 60.00 300.00 | Day [1] | | | |
| NEUTROPHILS > 1.0 | 1.00 15.00 | Day [1] | | | |
| PLATELETS> 75 | 75.00 600.00 | Day [1] | | | |
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Additional Prescribing Notes

To be prescribed on e-record

- 1) Anti-emetics: Ondansetron 8mg BD PO for 10 days from D1. Metoclopramide 10mg TDS PO for 10 days from D1.
- 2) G-CSF: Lenograstim 263micrograms S/C OD from D8 until stem cell harvest.
- 3) Prophylaxis HSV+VZV: aciclovir 200mg TDS PO.
- 4) Prophylaxis PCP: co-trimoxazole 960mg ONCE a day PO on Mondays, Wednesdays and Fridays each week.
- 5) Prophylaxis antifungal: itraconazole 200mg BD PO.

Administration of rituximab infusions: Refer to and 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 | | / | / | Should be given 30-60 minutes prior to rituximab infusion. |
| 1 | T=hrs | PARACETAMOL (1000mg) | 1000 mg | | PO | | | | / | / | Should be given 30-60 minutes prior to rituximab infusion. |
| 1 | T=00Hrs | CHLORPHENAMINE (10mg) | 10 mg | | IV | | Slow Bolus | | / | / | Should be given 30-60 minutes prior to rituximab infusion. |

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|---------------|---------------|----------------|--------------------------|-------------|---|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | | |
| Date: / / | Date: / / | Date: / / | Date: / / | Parenteral | 3 |
| | | | | Intrathecal | 0 |
| | | | | Oral | 1 |

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

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DOB

Patient NO

Local No.

Course Name:

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

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 | RITUXIMAB (RIXATHON) (375mg/m ²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | | | / | / | Rixathon brand. Variable infusion rate - see additional prescribing notes. |
| 1 | T=hrs | ONDANSETRON (8mg) | 8 mg | None | IV | | Slow Bolus | | / | / | |
| 1 | T=hrs | CYTARABINE (3000mg/m ²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | / | / | Give doses of cytarabine 12 hours apart |
| 1 | T=hrs | CYTARABINE (3000mg/m ²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | / | / | Give doses of cytarabine 12 hours apart |
| 2 | T=hrs | CYTARABINE (3000mg/m ²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | / | / | Give doses of cytarabine 12 hours apart |
| 2 | T=hrs | CYTARABINE (3000mg/m ²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | Infuse over 3 Hrs at a rate 167 ml/hr | | / | / | Give doses of cytarabine 12 hours apart |
| 9 | T=hrs | HYDROCORTISONE (100mg) | 100 mg | None | IV | | Slow Bolus | | / | / | Should be given 30-60 minutes prior to rituximab infusion. |

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| Date: | Date: | Date: | Date: |
| / / | / / | / / | / / |

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

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NORDIC (RIXATHON)

Page:3 of 4

DOB

Patient NO

Local No.

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

SA (m²)

Height (m)

Weight (kg)

Ward

NHS No

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|-----|---------------|--|-------------|---------------------------------|-------|-----------|--------------------|------|------------------|-----------------|--|
| 9 | T=hrs | PARACETAMOL (1000mg) | 1000 mg | | PO | | | | / | / | Should be given 30-60 minutes prior to rituximab infusion. |
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| Date: | Date: | Date: | Date: |
| / / | / / | / / | / / |

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| 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 | | | | | | | | | | | | | | | | |

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