

Patient Details

Forename

Surname

Protocol

R-GCVP (TRUXIMA)

Address

DOB

Patient NO

Local No.

Course Name:

Gem, Cyclo, Vinc, Pred + RITUXIMAB (TRUXIMA)

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

NHS No

SA (m²)

Height (m)

Weight (kg)

Page:1 of 5

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ANC >1 (5 day expiry)	1.00	15.00	Day 1			
CREATININE(max 130)	0.00	130.00	Day 1			
Platelets >50 (5 day exp)	50.00	600.00	Day 1			
ANC >1 (5 day expiry)	1.00	15.00	Day 8			
CREATININE(max 130)	0.00	130.00	Day 8			
Platelets >50 (5 day exp)	50.00	600.00	Day 8			

Additional Prescribing Notes

Vincristine can cause pain and tissue necrosis if extravasated.

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance:
1) Consider stress ulcer PPI prophylaxis i.e. lansoprazole
2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.
3) A short course of G-CSF may be used at the discretion of the treating consultant.

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	21/11/2024 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.
1	21/11/2024 T=hrs	PREDNISOLONE (40mg/m²)	mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion from take home supply or ward stock.
1	21/11/2024 T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Can be administered in addition to oral prednisolone if required.

Allocated by:

Date:

Confirmed by:

Date:

Authorised by:

Date:

Checked by: (Pharmacist)

Date:

Parenteral

3

Intrathecal

0

Oral

2

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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.
1	T=hrs	RITUXIMAB (TRUXIMA) (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Truxima brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRIPTINE (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.Infuse over 5-10
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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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
8	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	GEMCITABINE (1000mg/m²)	mg	SODIUM CHLORIDE 0.9%	IV		Infuse over 30 Mins at a rate 0 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

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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																	
Actual dose	mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Prednisolone dose should preferably be taken in the morning, and the first dose should be taken before the rituximab infusion.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number :_____.																	

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Date:	Date:	Date:	Date:	

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			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	