

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol

Partial Prescription 0 of 2 Segments

DOB _____ Patient NO _____ Local No. _____ Course Name: _____

R-GDP (RIXATHON)

SA (m²)
Height (m)
Weight (kg)

Consultant _____ Ward _____ Type of line _____ No. of lumen: _____

R-GDP (Rixathon)

Diagnosis _____

NHS No _____

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m ²)					
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]		
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]		
COCKCROFT (>60)	60.00	300.00	Day [1]		
NEUTROPHILS > 1.0	1.00	15.00	Day [1]		
PLATELETS > 100	100.00	600.00	Day [1]		
NEUTROPHILS > 0.5	0.50	15.00	Day [8]		
PLATELETS > 50	50.00	600.00	Day [8]		

Additional Prescribing Notes

Rituximab: Follow the Trust Guidelines for the Administration for Rituximab Infusions. Use of accelerated infusion may be appropriate (if the patients' last rituximab was less than 6 months prior to this treatment).

Grade 3 toxicity & neutropenia sepsis dose reduce to: Cisplatin 60mg/m² and gemcitabine 900mg/m².

If creatinine level increases by >20% for subsequent cycles, discuss with consultant

Day	Date and Time	Drug and dose (per m ²) 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	ONDANSETRON (8mg)	8 mg	None	PO						To be given 30 minutes before gemcitabine
1	T=:hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO						To be given 30 minutes before gemcitabine
1	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr				Run concurrently with gemcitabine
1	T=hrs	GEMCITABINE (1000mg/m ²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr				Run concurrently with pre-hydration

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1"> <tr> <td>Parenteral</td> <td>3</td> </tr> <tr> <td>Intrathecal</td> <td>0</td> </tr> <tr> <td>Oral</td> <td>3</td> </tr> </table>	Parenteral	3	Intrathecal	0	Oral	3
Parenteral	3									
Intrathecal	0									
Oral	3									
Date:	Date:	Date:	Date:							
/ /	/ /	/ /	/ /							

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Height (m)
Weight (kg)

Ward _____

R-GDP (Rixathon)

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	CISPLATIN (75mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
1	T=hrs	MANNITOL 20% (0ml)	0 ml	None 100 ml	IV		Infuse over 10 Mins at a rate 600 ml/hr		/	/	Run concurrently with cisplatin
1	T=hrs	POSTHYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	Run concurrently with rituximab
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	To be given 30-60 minutes before rituximab
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	To be given 30-60 minutes before rituximab
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	To be given 30-60 minutes before rituximab
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.

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SA (m²)
Height (m)
Weight (kg)

Ward _____

R-GDP (Rixathon)

NHS No _____

Day	Date and Time	Drug and dose (per m ²) 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	METOCLOPRAMIDE (10mg)	10 mg	None	IV		Slow Bolus		/	/	
									Batch No.		
8	T=hrs	GEMCITABINE (1000mg/m ²)	mg	SODIUM CHLORIDE 0.9% ml	IV		Infuse over 30 Mins at a rate 360 ml/hr		/	/	
									Batch No.		

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

Patient Details

Forename	Surname	Protocol	R-GDP (RIXATHON)	SA (m ²)
		Course Name	R-GDP (Rixathon)	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	DEXAMETHASONE																
Actual dose	40 mg	Duration	4 DAYS														
Route	PO	Start Date															
Frequency	OM	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Give first dose prior to chemotherapy																
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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		Course Name	R-GDP (Rixathon)	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
		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	If pre-pack supplied record Batch Number : _____.															
Drug & dose	METOCLOPRAMIDE															
Actual dose	10 mg	Duration	PRN													
Route	PO	Start Date														
Frequency	TDS	Start Day	8													
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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		Course Name	R-GDP (Rixathon)					Height (m)
DOB	Patient NO	Local No.	NHS No					Weight (kg)
		Ward						
Address								

Record drug allergies or sensitivities

			Time	Date												
Drug & dose	FILGRASTIM (G-CSF)															
Actual dose	microgram	Duration	5 DAYS													
Route	SC	Start Date														
Frequency	OD	Start Day	9													
Quantity Dispensed		Dispensed by														
		Accuracy check														
Note	SUBCUTANEOUS BOLUS															

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Date: / /	Date: / /	Date: / /	Date: / /