

Patient Details

Forename _____ Surname _____ Protocol _____

Address _____

DOB _____ Patient NO _____ Local No. _____ Course Name: **Balance of partial rituximab (Rixathon) dose**

NHS No _____ Ward _____

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
1	T=:hrs	RITUXIMAB (RIXATHON) (mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				 Batch No.		Rixathon brand. Variable infusion rate - see additional prescribing notes. Ensure patient has received chlorphenamine and paracetamol

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