

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Protocol
NORDIC (RIXATHON)

Course Name:
MAXI-CHOP-R (Rixathon) (NORDIC protocol)

Type of line
No. of lumen: _____

Diagnosis _____

SA (m²)
Height (m)
Weight (kg)

Page:1 of 5

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Administration of rituximab infusions: Refer to and follow Trust guidelines.</div>
Height (m)							
Weight (kg)							
SA (m²)							
ALA TRANSAM <60	0.00	59.99	Day [1]				
BILIRUBIN <26	0.00	25.99	Day [1]				
Cockcroft >30mls/min	30.00	300.00	Day [1]				
NEUTROPHILS > 1.0	1.00	15.00	Day [1]				
PLATELETS> 75	75.00	600.00	Day [1]				

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		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg	None	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 (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>	

Allocated by: _____

Date: _____

Confirmed by: _____

Date: _____

Authorised by: _____

Date: _____

Checked by: (Pharmacist)

Date: _____

Parenteral

Intrathecal

Oral

2

0

3

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

DOB

Patient NO

Local No.

Course Name:

MAXI-CHOP-R (Rixathon) (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	CYCLOPHOSPHAMIDE (1200mg/m²)	mg	SODIUM CHLORIDE 0.9% 250 ml	IV		Infuse over 30 Mins at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (75mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRISTINE (2mg)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Patient Details

Forename	Surname		Protocol	NORDIC (RIXATHON)										SA (m²)		
			Course Name	MAXI-CHOP-R (Rixathon) (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																	
Actual dose	100 mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	OM		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take preferably in the morning. First dose to be taken prior to chemo.																	
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	28 x Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. If pre-pack supplied record Batch Number : _____.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:340951
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	NORDIC (RIXATHON)					SA (m²)				
			Course Name	MAXI-CHOP-R (Rixathon) (NORDIC protocol)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
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 :_____.																	
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number :_____.																	

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

Patient Details

Forename	Surname		Protocol	NORDIC (RIXATHON)					SA (m²)							
			Course Name	MAXI-CHOP-R (Rixathon) (NORDIC protocol)					Height (m)							
DOB	Patient NO		Local No.		NHS No							Weight (kg)				
			Ward													
Address																

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CO-TRIMOXAZOLE																	
Actual dose	960 mg		Duration	4 WEEKS														
Route	PO		Start Date															
Frequency	OD M+W+F		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Taken ONCE a day on Mondays, Wednesdays and Fridays. If pre-pack supplied record Batch Number : _____.																	

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