

Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

SA (m²)

DOB

Patient NO

Local No.

Course Name:

HD Cytarabine+Rituximab (Rixathon) NORDIC protocol

Height (m)

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

NHS No

No. of lumen:

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
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]			

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: as local guidelines from D3

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		<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		PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hrs	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 (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.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Parenteral

Intrathecal

Oral

2

0

1

Date:

Date:

Date:

Date:

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Weight (kg)

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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	ONDANSETRON (8mg)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	CYTARABINE (3000mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart
1	T=hrs	CYTARABINE (3000mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart
2	T=hrs	CYTARABINE (3000mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart
2	T=hrs	CYTARABINE (3000mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 3 Hrs at a rate 167 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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			Course Name	HD Cytarabine+Rituximab (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 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																		

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