

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol **SC Rituximab Maint 2 MONTHLY**

SA (m²)
Height (m)
Weight (kg)

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

SC Rituximab Maintenance 2 monthly

Ward _____

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	RITUXIMAB (SUB CUT) (1400mg)	1400 mg	None	SC		Slow Bolus		 Batch No.		Mabthera brand. Administer over 5 minutes.

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