

Patient Details

| | | | | |
|--|--|--|---|----------------------|
| Forename | Surname | Protocol | <input style="width:100%;" type="text"/> | SA (m ²) |
| Address | | | | Height (m) |
| DOB | Patient NO | Local No. | Course Name: | Weight (kg) |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | Balance of partial rituximab (Truxima) dose | |
| Consultant | Ward | Type of line | Diagnosis | |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | No. of lumen: | SINGLE LINE | |
| NHS No | <input style="width:100%;" type="text"/> | | | |

| Monitoring | Acceptable Range | Date Due | Date of Test | Value | Checked |
|----------------------|------------------|----------|--------------|-------|---------|
| Height (m) | | | | | |
| Weight (kg) | | | | | |
| SA (m ²) | | | | | |
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Additional Prescribing Notes

This course is to supplement rituximab based chemotherapy. It is to be used when a whole planned dose can not be given in one session. Prescriber must prescribe as a one-off on an off-protocol basis. The dose must be manually adjusted to make up the balance of the previously planned dose. Before administration the giving nurse and second checker must check that doses have been calculated correctly.

Planned dose = _____mg. Dose given = _____mg.
 Balance required = _____mg. Checked by _____ and _____.

FIRST RITUXIMAB INFUSION: 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 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Should be given 30-60 minutes prior to rituximab infusion. |
| 1 | T=hrs | PARACETAMOL (1000mg) | 1000 mg | None | PO | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Should be given 30-60 minutes prior to rituximab infusion. |
| 1 | T=:hrs | CHLORPHENAMINE (10mg) | 10 mg | | IV | | Slow Bolus | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Should be given 30-60 minutes prior to rituximab infusion. |

| | | | | | |
|---------------|---------------|----------------|--------------------------|-------------|---|
| Allocated by: | Confirmed by: | Authorised by: | Checked by: (Pharmacist) | Parenteral | 2 |
| Date: | Date: | Date: | Date: | Intrathecal | 0 |
| | | | | Oral | 0 |

Patient Details

| | | | | |
|--|---|--|--|---|
| Forename | Surname | Protocol | <input style="width:100%;" type="text"/> | SA (m ²) Height (m) Weight (kg) |
| Address | DOB | Patient NO | Local No. | |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| NHS No | Ward <input style="width:100%;" type="text"/> | | | |

Balance of partial rituximab (Truxima) dose

| 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 (TRUXIMA) (mg/m ²) | mg | SODIUM CHLORIDE 0.9% 500 ml | IV | | | | / | / | Truxima brand. Variable infusion rate - see additional prescribing notes. Ensure patient has received chlorphenamine and paracetamol |
| | | | | | | | | | Batch No. | | |

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