

Trust location: \_\_\_\_\_

## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

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Forename

Surname

Protocol

Rituximab (RIXATHON) 2 MONTHLY

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Rituximab (Rixathon) maintenance 2 monthly.

Consultant

Ward

Type of line

SINGLE LINE

Diagnosis

NHS No

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m <sup>2</sup> )					

## Additional Prescribing Notes

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		/	/	
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	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)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	0