

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.02

Patient Details

Page:1 of 3

Forename

Surname

Protocol

Ritux- Cytarabine+MTX+Thiotepa

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Ritux D-5,D1- Cytarabine+MTX+Thiotepa+Rituximab

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

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

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		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	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 ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Variable infusion rate - see additional prescribing notes. (This is = to day -5 of cycle rituximab-cytarabine+MTX+ thiotepa)
6	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
6	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	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	1

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Protocol

Ritux- Cytarabine+MTX+Thiotepa

Page:2 of 3

DOB

Patient NO

Local No.

Course Name:

Ritux D-5,D1- Cytarabine+MTX+Thiotepa+Rituximab

SA (m²)

Height (m)

Weight (kg)

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
6	T=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
									Batch No.		
6	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Variable infusion rate - see additional prescribing notes. Ensure patient has received pre-medication.
									Batch No.		

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

Patient Details

Forename	Surname	Protocol	Ritux- Cytarabine+MTX+Thiotepa	SA (m²)
		Course Name	Ritux D-5,D1- Cytarabine+MTX+Thiotepa+Rituximab	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

		Time	Date												
Drug & dose	ALLOPURINOL														
Actual dose	300 mg	Duration	7 DAYS												
Route	PO	Start Date													
Frequency	OD	Start Day	1												
Quantity Dispensed		Dispensed by													
		Accuracy check													
Note	Supply on cycle 1 only.														

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