

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Page:1 of 6

Protocol VR-CAP (RIXATHON)

Course Name: VR-CAP (Rixathon)

Type of line _____ No. of lumen: _____

Diagnosis _____

SA (m²) _____
Height (m) _____
Weight (kg) _____

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
ALA TRANSAM 3ULN	0.00	120.00	Day [1]			
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]			
Cockcroft >20mls/min	20.00	300.00	Day [1]			
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance.

1) Consider stress ulcer PPI prophylaxis i.e. lansoprazole

Rituximab: Follow the Trust Guidelines for the Administration for Rituximab Infusions.

Bortezomib
Inject into thigh or abdomen. Injection site should be rotated, new injections should be given at least 2.5cm from previous site
A 25 gauge needle is recommended. This needle should not be purged of air prior to injection being administered.

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	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	For administration see additional prescribing notes.
1	T=hrs	PREDNISOLONE (100mg/m²)	mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituxumab infusion from take home supply or ward stock.

Allocated by: _____ Date: _____

Confirmed by: _____ Date: _____

Authorised by: _____ Date: _____

Checked by: (Pharmacist) _____ Date: _____

Parenteral

Intrathecal

Oral

3

0

3

Patient Details

Forename

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Protocol

VR-CAP (RIXATHON)

DOB

Patient NO

Local No.

Course Name:

VR-CAP (Rixathon)

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

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>	Can be administered in addition to oral prednisolone if required. Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	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 - Follow Trust Guidelines for the Administration for Rituximab Infusions.
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN (50mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

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

Patient Details

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Protocol

VR-CAP (RIXATHON)

DOB

Patient NO

Local No.

Course Name:

VR-CAP (Rixathon)

SA (m²)

Height (m)

Weight (kg)

NHS No

Ward

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
4	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
4	T=hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	For administration see additional prescribing notes.
8	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
8	T=hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	For administration see additional prescribing notes.
11	T=hrs	METOCLOPRAMIDE (10mg)	10 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
11	T=hrs	BORTEZOMIB (1.3mg/m²)	mg	None	SC		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	For administration see additional prescribing notes.

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

Patient Details

Forename	Surname		Protocol	VR-CAP (RIXATHON)					SA (m²)				
			Course Name	VR-CAP (Rixathon)					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																	
Actual dose			Duration	5 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	ALLOPURINOL																	
Actual dose	300 mg		Duration	21 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Cycle 1 only, unless required. If pre-pack supplied record Batch Number : _____.																	

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

Patient Details

Forename	Surname		Protocol	VR-CAP (RIXATHON)					SA (m²)				
A	Test		Course Name	VR-CAP (Rixathon)					Height (m)				
DOB	Patient NO		Local No.		NHS No		Weight (kg)						
15/05/1913	<EMPTY>		1362341E		000 000 0000								
			Ward Validation										
Address	Anyroad,Anytown,												

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	21 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.																	
Drug & dose	ONDANSETRON																	
Actual dose	8 mg		Duration	2 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	If pre-pack supplied record Batch Number : _____.																	

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Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	VR-CAP (RIXATHON)					SA (m²)				
			Course Name	VR-CAP (Rixathon)					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	METOCLOPRAMIDE																	
Actual dose	10 mg		Duration	PRN														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																	

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