

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename	Surname	Protocol	Rituximab (RIXATHON) 3 MONTHLY	SA (m ²)
DOB	Patient NO	Local No.	Course Name: Rituximab (Rixathon) maintenance 3 monthly.	Height (m)
Consultant	Ward	Type of line	SINGLE LINE	Weight (kg)
NHS No	No. of lumen:	Diagnosis		

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		/	/	
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 ²)	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