

Patient Details

Forename _____ Surname _____

ProtocolRituximab (TRUXIMA) 2 MONTHLY

DOB _____ Patient NO _____ Local No. _____ Course Name:Rituximab (Truxima) maintenance 3 monthly.

Consultant _____ Ward _____ Type of line _____ No. of lumen: SINGLE LINE

NHS No _____

Diagnosis _____

SA (m²)
Height (m)
Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Administration of rituximab infusions: Refer to and follow Trust guidelines.</div>
Height (m)							
Weight (kg)							
SA (m²)							

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><div>Batch No.</div></div>	<div><div></div><div></div></div>	
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (TRUXIMA) (375mg/m²)	 mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div><div></div><div>Batch No.</div></div>	<div><div></div><div></div></div>	Truxima brand. Variable infusion rate - see additional prescribing notes. Ensure patient has received chlorphenamine and paracetamol

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

Date: _____ Date: _____ Date: _____ Date: _____

Parenteral
Intrathecal
Oral

1
0
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