

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

Forename _____ Surname _____

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Protocol

R-miniCHOP (RIXATHON)

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Rituximab (Rixathon) + miniCHOP

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)					
ANC >1 (5 day expiry)	1.00	15.00	Day [1]		
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]		
CREATININE(max 130)	0.00	130.00	Day [1]		
Platelets >75 (5 day exp)	75.00	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

2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

3) A short course of G-CSF may be used at the discretion of the treating consultant.

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	PREDNISOLONE (40mg/m ²)	mg	None	PO				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Should be given 30-60 minutes prior to rituximab infusion from take home supply or ward stock.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Can be administered in addition to oral prednisolone if required.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Should be given 30-60 minutes prior to rituximab infusion.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Parenteral	2
Intrathecal	0
Oral	2

Trust location: _____

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Protocol

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Page:2 of 4

DOB

Patient NO

Local No.

Course Name:

Rituximab (Rixathon) + miniCHOP

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
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.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
1	T=:hrs	CYCLOPHOSPHAMIDE (400mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	DOXORUBICIN (25mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	VINCRIStINE (1mg)	1 mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

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

Patient Details

Forename	Surname	Protocol	R-miniCHOP (RIXATHON)	SA (m ²)
		Course Name	Rituximab (Rixathon) + miniCHOP	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	OM	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Taken preferably in the morning. First dose to be taken before the rituximab infusion.																	
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	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not 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	R-miniCHOP (RIXATHON)										SA (m²)	
		Course Name	Rituximab (Rixathon) + miniCHOP										Height (m)	
DOB	Patient NO	Local No.	NHS No											Weight (kg)
		Ward												
Address														

Record drug allergies or sensitivities

			Time	Date													
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 : _____.																

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