

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

Forename _____ Surname _____

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Protocol Rituximab (TRUXIMA) 2 MONTHLY

SA (m²)
Height (m)
Weight (kg)

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

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

NHS No _____

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked	Additional Prescribing Notes Administration of rituximab infusions: Refer to and follow Trust guidelines.
Height (m)						
Weight (kg)						
SA (m ²)						

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=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (TRUXIMA) (375mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	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)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	0