

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

Forename _____ Surname _____

Protocol SC Rituximab Maint 3 MONTHLY

SA (m²)
Height (m)
Weight (kg)

DOB _____ Patient NO _____ Local No. _____ Course Name: SC Rituximab Maintenance 3 monthly

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)						
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	600.00	Day [1]			

Additional Prescribing Notes

Patients receiving maintenance treatment with SC rituximab must have previously received a full dose of intravenous rituximab.

Administer as a SC injection over 5 minutes into the abdominal wall and never into areas where the skin is red, bruised, tender, hard or areas where there are moles or scars.

Patients should be observed for at least 15 minutes following each administration. Longer observation should be used for patients with increased risk of reactions.

For maintenance patients with relapsed/refractory disease.

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)	40 mg	None	PO				/	/	Should be given 30-60 minutes prior to rituximab injection.
									Batch No.		
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	Should be given 30-60 minutes prior to rituximab injection.
									Batch No.		
1	T=:hrs	CHLORPHENAMINE (4mg)	4 mg		PO				/	/	Should be given 30-60 minutes prior to rituximab injection.
									Batch No.		

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1"> <tr><td>Parenteral</td><td>2</td></tr> <tr><td>Intrathecal</td><td>0</td></tr> <tr><td>Oral</td><td>0</td></tr> </table>	Parenteral	2	Intrathecal	0	Oral	0
Parenteral	2									
Intrathecal	0									
Oral	0									
Date:	Date:	Date:	Date:							

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Protocol **SC Rituximab Maint 3 MONTHLY**

SA (m²)
Height (m)
Weight (kg)

DOB _____ Patient NO _____ Local No. _____ Course Name: _____

SC Rituximab Maintenance 3 monthly

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 (SUB CUT) (1400mg)	1400 mg	None	SC		Slow Bolus		/	/	Mabthera brand. Administer over 5 minutes.
									Batch No.		

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