

Trust location: \_\_\_\_\_

## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

Forename

Surname

Protocol

NORDIC (RIXATHON)

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

Page:1 of 5

DOB

Patient NO

Local No.

Course Name:

MAXI-CHOP-R (Rixathon) (NORDIC protocol)

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m <sup>2</sup> )					
ALA TRANSAM <60	0.00	59.99	Day [1]		
BILIRUBIN <26	0.00	25.99	Day [1]		
Cockcroft >30mls/min	30.00	300.00	Day [1]		
NEUTROPHILS > 1.0	1.00	15.00	Day [1]		
PLATELETS > 75	75.00	600.00	Day [1]		

## 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		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg	None	IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	RITUXIMAB (RIXATHON) (375mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Rixathon brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	IV		Slow Bolus		/	/	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Parenteral	2
Intrathecal	0
Oral	3

Trust location: \_\_\_\_\_

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Forename

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Protocol

NORDIC (RIXATHON)

Page:2 of 5

DOB

Patient NO

Local No.

Course Name:

MAXI-CHOP-R (Rixathon) (NORDIC protocol)

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

Ward

NHS No

Day	Date and Time	Drug and dose (per m <sup>2</sup> ) 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	<b>CYCLOPHOSPHAMIDE</b> (1200mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 250 ml	<b>IV</b>		Infuse over 30 Mins at a rate 500 ml/hr		/	/	
1	T=:hrs	<b>DOXORUBICIN</b> (75mg/m <sup>2</sup> )	mg	None	<b>IV</b>		Slow Bolus		/	/	
1	T=:hrs	<b>VINCRIStINE</b> (2mg)	mg	SODIUM CHLORIDE 0.9% 50 ml	<b>IV</b>				/	/	Max dose: 2mg. 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	NORDIC (RIXATHON)										SA (m <sup>2</sup> )	
		Course Name	MAXI-CHOP-R (Rixathon) (NORDIC protocol)										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	100 mg	Duration	5 DAYS														
Route	PO	Start Date															
Frequency	OM	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	Take preferably in the morning. First dose to be taken prior to chemo.																
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	28 x 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:	
				Chart Id.:340951

## Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	NORDIC (RIXATHON)										<b>SA (m<sup>2</sup>)</b>	
		<b>Course Name</b>	MAXI-CHOP-R (Rixathon) (NORDIC protocol)										<b>Height (m)</b>	
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>											<b>Weight (kg)</b>
		<b>Ward</b>												
<b>Address</b>														

Record drug allergies or sensitivities

			Time	Date													
<b>Drug &amp; dose</b>	ONDANSETRON																
<b>Actual dose</b>	8 mg	<b>Duration</b>	2 DAYS														
<b>Route</b>	PO	<b>Start Date</b>															
<b>Frequency</b>	BD	<b>Start Day</b>	1														
<b>Quantity Dispensed</b>		<b>Dispensed by</b>															
		<b>Accuracy check</b>															
<b>Note</b>	If pre-pack supplied record Batch Number : _____.																
<b>Drug &amp; dose</b>	ACICLOVIR																
<b>Actual dose</b>	200 mg	<b>Duration</b>	28 DAYS														
<b>Route</b>	PO	<b>Start Date</b>															
<b>Frequency</b>	TDS	<b>Start Day</b>	1														
<b>Quantity Dispensed</b>		<b>Dispensed by</b>															
		<b>Accuracy check</b>															
<b>Note</b>	If pre-pack supplied record Batch Number : _____.																

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>

## Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	NORDIC (RIXATHON)										<b>SA (m<sup>2</sup>)</b>	
		<b>Course Name</b>	MAXI-CHOP-R (Rixathon) (NORDIC protocol)										<b>Height (m)</b>	
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>											<b>Weight (kg)</b>
		<b>Ward</b>												
<b>Address</b>														

Record drug allergies or sensitivities

			Time	Date													
<b>Drug &amp; dose</b>	CO-TRIMOXAZOLE																
<b>Actual dose</b>	960 mg	<b>Duration</b>	4 WEEKS														
<b>Route</b>	PO	<b>Start Date</b>															
<b>Frequency</b>	OD M+W+F	<b>Start Day</b>	1														
<b>Quantity Dispensed</b>		<b>Dispensed by</b>															
		<b>Accuracy check</b>															
<b>Note</b>	Taken ONCE a day on Mondays, Wednesdays and Fridays. If pre-pack supplied record Batch Number : _____.																

<b>Allocated by:</b>	<b>Confirmed by:</b>	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	