

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Protocol
R-CHLORAMBUCIL (RIXATHON)

Course Name:
Rituximab 375mg/m2+chlorambucil 10mg/m2 7 days

Type of line
No. of lumen:

Diagnosis
Chronic lymphocytic leukaemia/Small lymph

Page:1 of 3

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
NEUTROPHILS > 1.5	1.50	15.00	Day [1]			
PLATELETS > 100	100.00	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.

Rituximab infusion: Refer to and follow Trust guidelines.

Some CLL patients (Stage C) will require a debulking regimen- prednisolone 30mg/m2 PO OD for 21 days prior to commencing chlorambucil. Tail off prednisolone when starting chlorambucil.

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	PARACETAMOL (1000mg)	1000 mg		PO				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m²)	 mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Rixathon brand. Variable infusion rate - follow Trust guidelines. Ensure patient has received chlorphenamine and paracetamol.

Allocated by: _____

Date: ____/____/____

Confirmed by: _____

Date: ____/____/____

Authorised by: _____

Date: ____/____/____

Checked by: (Pharmacist) _____

Date: ____/____/____

Parenteral
Intrathecal
Oral

1
0
2

Patient Details

Forename	Surname		Protocol	R-CHLORAMBUCIL (RIXATHON)					SA (m²)					
			Course Name	Rituximab 375mg/m2+chlorambucil 10mg/m2 7 days					Height (m)					
DOB	Patient NO		Local No.		NHS No							Weight (kg)		
Consultant			Ward		Diagnosis		Chronic lymphocytic leukaemia/Small lymph							
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CHLORAMBUCIL																	
Actual dose	mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	ALLOPURINOL																	
Actual dose	300 mg		Duration	7 DAYS														
Route	PO		Start Date															
Frequency	OD		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be supplied on cycle 1 only. 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-CHLORAMBUCIL (RIXATHON)					SA (m²)				
			Course Name	Rituximab 375mg/m2+chlorambucil 10mg/m2 7 days					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
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:	
/ /	/ /	/ /	/ /	