

Trust location: _____

Patient Details

Forename _____ Surname _____

DOB _____ Patient NO _____ Local No. _____

Consultant _____ Ward _____

NHS No _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Page:1 of 3

Protocol
DRC (TRUXIMA)

Course Name:
Dex, Rituximab (TRUXIMA) and Cyclophosmide PO

Type of line
No. of lumen:

Diagnosis

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
Cockcroft >20mls/min	20.00	300.00	Day [1]			
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.

1) Consider stress ulcer PPI prophylaxis i.e. lansoprazole.

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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	DEXAMETHASONE (20mg)	20 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=00Hhrs	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 (TRUXIMA) (375mg/m²)	 mg	SODIUM CHLORIDE 0.9% 500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Truxima brand. Variable infusion rate - see additional prescribing notes. 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	DRC (TRUXIMA)					SA (m²)				
			Course Name	Dex, Rituximab (TRUXIMA) and Cyclophosmide PO					Height (m)				
DOB	Patient NO		Local No.		NHS No							Weight (kg)	
Consultant			Ward		Diagnosis								
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	CYCLOPHOSPHAMIDE																	
Actual dose	mg		Duration	5 DAYS														
Route	PO		Start Date															
Frequency	BD		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note																		
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	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	DRC (TRUXIMA)										SA (m²)										
		Course Name	Dex, Rituximab (TRUXIMA) and Cyclophosmide PO										Height (m)										
DOB	Patient NO	Local No.	NHS No											Weight (kg)									
		Ward																					
Address																							
Record drug allergies or sensitivities																							
												Time	Date										
Drug & dose	ALLOPURINOL																						
Actual dose	300 mg		Duration	28 DAYS																			
Route	PO		Start Date																				
Frequency	OD		Start Day	1																			
Quantity Dispensed		Dispensed by																					
		Accuracy check																					
Note	To be supplied for cycle 1 only. If pre-pack supplied record Batch Number : _____.																						

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