

## Patient Details

Forename		Surname		Protocol	CHOP-RITUXIMAB (TRUXIMA)	SA (m <sup>2</sup> ) Height (m) Weight (kg)
Address		DOB		Course Name:	CHOP+ RITUXIMAB (TRUXIMA) 21d CYCLE NHL	
Patient NO		Local No.		Type of line	Diagnosis	
Consultant		Ward		No. of lumen:		
NHS No						

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m <sup>2</sup> )					
ANC >1 (5 day expiry)	1.00	15.00	Day 1		
BILIRUBIN 1.5ULN	0.00	31.50	Day 1		
CREATININE(max 130)	0.00	130.00	Day 1		
Platelets >75 (5 day exp)	75.00	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
- 2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.
- 3) A short course of G-CSF may be used at the discretion of the treating consultant.

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	PREDNISOLONE (40mg/m <sup>2</sup> )	mg	None	PO				/	/	Should be given 30-60 minutes prior to rituxumab infusion from take home supply or ward stock.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Can be administered in addition to oral prednisolone if required.
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Parenteral</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Intrathecal</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Oral</td> <td style="text-align: right;">2</td> </tr> </table>	Parenteral	2	Intrathecal	0	Oral	2
Parenteral	2									
Intrathecal	0									
Oral	2									
Date:	Date:	Date:	Date:							

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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 (TRUXIMA) (375mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Truxima brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	DOXORUBICIN (50mg/m <sup>2</sup> )	mg	None	IV		Slow Bolus		/	/	
1	T=:hrs	VINCRIStINE (1.4mg/m <sup>2</sup> )	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	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:

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DOB	Patient NO	Local No.	NHS No	Weight (kg)
Consultant		Ward	Diagnosis	
Address				

Record drug allergies or sensitivities

			Time	Date															
<b>Drug &amp; dose</b>	PREDNISOLONE																		
<b>Actual dose</b>	mg	<b>Duration</b>	5 DAYS																
<b>Route</b>	PO	<b>Start Date</b>																	
<b>Frequency</b>	OM	<b>Start Day</b>	1																
<b>Quantity Dispensed</b>		<b>Dispensed by</b>																	
		<b>Accuracy check</b>																	
<b>Note</b>	Taken preferably in the morning. First dose to be taken before the rituximab infusion.																		
<b>Drug &amp; dose</b>	METOCLOPRAMIDE																		
<b>Actual dose</b>	10 mg	<b>Duration</b>	PRN																
<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>	Metoclopramide 10mg tablets are prescribed with each cycle, discuss with patient and delete if supply not required. 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>

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		<b>Ward</b>						
<b>Address</b>								

Record drug allergies or sensitivities

Drug & dose	Time	Date															
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>Allocated by:</b>	<b>Confirmed by:</b> TONI HAMILL	<b>Authorised by:</b>	<b>Checked by: (Pharmacist)</b>	
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	