

## Patient Details

Forename		Surname		Protocol		CHOP-RITUXIMAB>65YR (RIXATHON)		SA (m <sup>2</sup> )	
Address		DOB		Patient NO		Local No.		Course Name:	
								CHOP+ RITUXIMAB (RIXATHON) + GCSF 21d OVER 65YRS	
Consultant		Ward		Type of line		Diagnosis			
NHS No				No. of lumen:					

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.

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	None	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.

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

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Address	DOB	Patient NO	Local No.	
			<b>CHOP+ RITUXIMAB (RIXATHON) + GCSF 21d OVER 65YRS</b>	
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 (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	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				/	/	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

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Date:	Date:	Date:	Date:

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		<b>Course Name</b>	CHOP+ RITUXIMAB (RIXATHON) + GCSF 21d OVER 65YRS	<b>Height (m)</b>
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>	<b>Weight (kg)</b>
<b>Consultant</b>		<b>Ward</b>	<b>Diagnosis</b>	
<b>Address</b>				

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 : _____.														

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<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>

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

Record drug allergies or sensitivities

			Time	Date															
Drug & dose	ONDANSETRON																		
Actual dose	8 mg	Duration	2 DAYS																
Route	PO	Start Date																	
Frequency	BD	Start Day	1																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note	If pre-pack supplied record Batch Number : _____.																		
Drug & dose	FILGRASTIM (G-CSF)																		
Actual dose	microgram	Duration	3 DAYS																
Route	SC	Start Date																	
Frequency	OD	Start Day	7																
Quantity Dispensed		Dispensed by																	
		Accuracy check																	
Note	SUBCUTANEOUS BOLUS To be injected ONCE a day by subcutaneous injection on days 7, 11 and 14.																		

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Date:	Date:	Date:	Date:	