

Patient Details

Forename

Surname

Protocol

BENDAMUSTINE-R NHL (RIXATHON)

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Bendamustine+ Rituximab (Rixathon) 375mg/m2

Consultant

Ward

Type of line
No. of lumen:

SINGLE LINE

Diagnosis

NHS No

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m ²)					
ALA TRANSAM2.5ULN	0.00	100.00	Day [1]		
BILIRUBIN 1.5ULN	0.00	31.50	Day [1]		
Cockcroft >40ml/min	40.00	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

Encourage patient to take day Day 2 ondansetron on morning of or at least one hour prior to bendamustine treatment.

Patients should only receive irradiated blood products.

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	None	PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (RIXATHON) (375mg/m ²)	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	PO				/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	2
Date:	Date:	Date:	Date:	Intrathecal	0
				Oral	2

Trust location: _____

Parenteral Cytotoxic Chart

Patient Details

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DOB _____ Patient NO _____ Local No. _____ Course Name:

Bendamustine+ Rituximab (Rixathon) 375mg/m2

SA (m²)
Height (m)
Weight (kg)

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	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
1	T=hrs	BENDAMUSTINE (90mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	
2	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
2	T=:hrs	BENDAMUSTINE (90mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		/	/	Ensure patient has taken ondansetron

Allocated by: Date:	Confirmed by: Date:	Authorised by: Date:	Checked by: (Pharmacist) Date:
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		Course Name	Bendamustine+ Rituximab (Rixathon) 375mg/m2										Height (m)	
DOB	Patient NO	Local No.	NHS No											Weight (kg)
Consultant		Ward	Diagnosis											
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	For cycle 1 only, unless required. If pre-pack supplied record Batch Number : _____.																		
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:	Chart Id.:340925

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

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	ACICLOVIR																
Actual dose	200 mg	Duration	28 DAYS														
Route	PO	Start Date															
Frequency	TDS	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	If pre-pack supplied record Batch Number : _____.																
Drug & dose	CO-TRIMOXAZOLE																
Actual dose	960 mg	Duration	28 DAYS														
Route	PO	Start Date															
Frequency	OD M,W,F	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note	960mg of Co-trimoxazole to be taken on Mondays, Wednesdays and Fridays throughout treatment																

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