

Patient Details

ForenameSurname

ProtocolCHOP-RITUXIMAB (TRUXIMA)

AddressDOBPatient NOLocal No.Course Name:CHOP+ RITUXIMAB (TRUXIMA) 21d CYCLE NHL

ConsultantWardType of lineNo. of lumen:Diagnosis

NHS No

SA (m²)  
Height (m)  
Weight (kg)

Page:1 of 4

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
Height (m)						
Weight (kg)						
SA (m²)						
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/m²)	mg	None	PO				<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	Should be given 30-60 minutes prior to rituxumab infusion from take home supply or ward stock.
1	T=hrs	HYDROCORTISONE (100mg)	100mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	Can be administered in addition to oral prednisolone if required.
1	T=hrs	PARACETAMOL (1000mg)	1000mg		PO				<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	CHLORPHENAMINE (10mg)	10mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div> <div>Batch No.</div>	Should be given 30-60 minutes prior to rituximab infusion.

Allocated by:Date:

Confirmed by:Date:

Authorised by:Date:

Checked by: (Pharmacist)Date:

Parenteral  
Intrathecal  
Oral

2  
0  
2

Patient Details

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_

NHS No \_\_\_\_\_

Ward \_\_\_\_\_

Protocol \_\_\_\_\_

Course Name: \_\_\_\_\_

CHOP-RITUXIMAB (TRUXIMA)

CHOP+ RITUXIMAB (TRUXIMA) 21d CYCLE NHL

SA (m²)  
Height (m)  
Weight (kg)

Page:2 of 4

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/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.
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	ONDANSETRON  (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	CYCLOPHOSPHAMIDE  (750mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	DOXORUBICIN  (50mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRIStINE  (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9%  50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

Allocated by:  
  
Date:

Confirmed by:  
  
Date:

Authorised by:  
  
Date:

Checked by: (Pharmacist)  
  
Date:

Patient Details										
Forename	Surname	Protocol	CHOP-RITUXIMAB (TRUXIMA)					SA (m²)		
		Course Name	CHOP+ RITUXIMAB (TRUXIMA) 21d CYCLE NHL					Height (m)		
DOB	Patient NO	Local No.	NHS No						Weight (kg)	
Consultant		Ward	Diagnosis							
Address										

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	PREDNISOLONE																	
Actual dose	mg	Duration	5 DAYS															
Route	PO	Start Date																
Frequency	OM	Start Day	1															
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Taken preferably in the morning. First dose to be taken before the rituximab infusion.																	
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:	

Patient Details

Forename	Surname		Protocol	CHOP-RITUXIMAB (TRUXIMA)					SA (m²)							
			Course Name	CHOP+ RITUXIMAB (TRUXIMA) 21d CYCLE NHL					Height (m)							
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 :_____.																	

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