

Trust location: \_\_\_\_\_

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

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

Protocol BENDAMUSTINE-R NHL (RIXATHON)

DOB \_\_\_\_\_ Patient NO \_\_\_\_\_ Local No. \_\_\_\_\_ Course Name: Bendamustine+ Rituximab (Rixathon) 375mg/m2

Consultant \_\_\_\_\_ Ward \_\_\_\_\_ Type of line SINGLE LINE

NHS No \_\_\_\_\_ No. of lumen: \_\_\_\_\_

Diagnosis \_\_\_\_\_

SA (m²)  
Height (m)  
Weight (kg)

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Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked	<div>Additional Prescribing Notes</div> <div>Administration of rituximab infusions: Refer to and follow Trust guidelines</div> <div>Encourage patient to take day Day 2 ondansetron on morning of or at least one hour prior to bendamustine treatment.</div> <div>Patients should only receive irradiated blood products.</div>
Height (m)							
Weight (kg)							
SA (m²)							
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]				

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				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
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 (RIXATHON) (375mg/m²)	mg	SODIUM CHLORIDE 0.9%  500 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	Rixathon brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	

Allocated by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_ Date: \_\_\_\_\_

Checked by: (Pharmacist) \_\_\_\_\_ Date: \_\_\_\_\_

Parenteral  
Intrathecal  
Oral

2  
0  
2

Patient Details

Forename

Surname

Protocol

BENDAMUSTINE-R NHL (RIXATHON)

SA (m²)

DOB

Patient NO

Local No.

Course Name:

Bendamustine+ Rituximab (Rixathon) 375mg/m2

Height (m)

Ward

NHS No

Weight (kg)

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	BENDAMUSTINE (90mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
2	T=:hrs	BENDAMUSTINE (90mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV		Infuse over 1 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Ensure patient has taken ondansetron

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

Patient Details								
Forename	Surname	Protocol	BENDAMUSTINE-R NHL (RIXATHON)				SA (m²)	
		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)	Chart Id.:340925
Date:	Date:	Date:	Date:	

Patient Details

Forename	Surname		Protocol	BENDAMUSTINE-R NHL (RIXATHON)					SA (m²)				
			Course Name	Bendamustine+ Rituximab (Rixathon) 375mg/m2					Height (m)				
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:	