

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

## Parenteral Cytotoxic Chart

Chemocare prescription V1.01

## Patient Details

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

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Protocol

DRC (TRUXIMA)

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Dex, Rituximab (TRUXIMA) and Cyclophosmide PO

Consultant

Ward

Type of line

Diagnosis

No. of lumen:

NHS No

Monitoring	Acceptable Range	Date Due	Date of Test	Value	Checked
Height (m)					
Weight (kg)					
SA (m <sup>2</sup> )					
Cockcroft >20mls/min	20.00	300.00	Day [1]		
NEUTROPHILS > 1.5	1.50	15.00	Day [1]		
PLATELETS > 100	100.00	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.

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	DEXAMETHASONE (20mg)	20 mg	None	IV		Slow Bolus		/	/	
1	T=hrs	PARACETAMOL (1000mg)	1000 mg		PO				/	/	
1	T=00Hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
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. Ensure patient has received chlorphenamine and paracetamol

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Parenteral	1
Date:	Date:	Date:	Date:	Intrathecal	0
/ /	/ /	/ /	/ /	Oral	2

## Patient Details

Forename	Surname	Protocol	DRC (TRUXIMA)										SA (m <sup>2</sup> )	
		Course Name	Dex, Rituximab (TRUXIMA) and Cyclophosmide PO										Height (m)	
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>	CYCLOPHOSPHAMIDE																
<b>Actual dose</b>	mg	<b>Duration</b>	5 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>																	
<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>	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> / /

## Patient Details

<b>Forename</b>	<b>Surname</b>	<b>Protocol</b>	DRC (TRUXIMA)					<b>SA (m<sup>2</sup>)</b>
		<b>Course Name</b>	Dex, Rituximab (TRUXIMA) and Cyclophosmide PO					<b>Height (m)</b>
<b>DOB</b>	<b>Patient NO</b>	<b>Local No.</b>	<b>NHS No</b>				<b>Weight (kg)</b>	
		<b>Ward</b>						
<b>Address</b>								

Record drug allergies or sensitivities

			Time	Date												
<b>Drug &amp; dose</b>	ALLOPURINOL															
<b>Actual dose</b>	300 mg	<b>Duration</b>	28 DAYS													
<b>Route</b>	PO	<b>Start Date</b>														
<b>Frequency</b>	OD	<b>Start Day</b>	1													
<b>Quantity Dispensed</b>		<b>Dispensed by</b>														
		<b>Accuracy check</b>														
<b>Note</b>	To be supplied for cycle 1 only. 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> / /