Trust location:_____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

Forename | Surname

DOB | Patient NO | Local No.

Consultant | Ward

NHS No

Protocol: BENDAMUSTINE-R (NHL) (TRUXIMA)

Course Name: Bendamustine+ Rituximab (Truxima) 375mg/m2

Type of line No. of lumen: SINGLE LINE

Diagnosis

SA (m²)
Height (m)
Weight (kg)

Monitoring	Acceptable Range		Date Due	Date of Test	Value	Checked
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]			

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				Batch No.		Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		Batch No.		Should be given 30-60 minutes prior to rituximab infusion.
1	T=00Hhrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		Batch No.		Should be given 30-60 minutes prior to rituximab infusion.
1	T=:hrs	RITUXIMAB (TRUXIMA) (375mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				Batch No.		Truxima brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				Batch No.		

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

Trust location:_____

Parenteral Cytotoxic Chart

Chemocare prescription V1.01

Patient Details

Forename Surname

Protocol: BENDAMUSTINE-R (NHL) (TRUXIMA)

DOB | Patient NO | Local No. | Course Name: Bendamustine+ Rituximab (Truxima) 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**				Batch No.		
1	T=hrs	**BENDAMUSTINE** (90mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	**IV**		Infuse over 1 Hrs at a rate 500 ml/hr		Batch No.		
2	T=hrs	ONDANSETRON (8mg)	8 mg	None	**PO**				Batch No.		
2	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	**IV**				Batch No.		
2	T=:hrs	**BENDAMUSTINE** (90mg/m²)	mg	SODIUM CHLORIDE 0.9% 500 ml	**IV**		Infuse over 1 Hrs at a rate 500 ml/hr		Batch No.		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) (TRUXIMA)	**SA (m²)**
		Course Name	Bendamustine+ Rituximab (Truxima) 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: **Date:**	**Confirmed by:** **Date:**	**Authorised by:** **Date:**	**Checked by: (Pharmacist)** **Date:**	

Patient Details

Forename	**Surname**	**Protocol**	BENDAMUSTINE-R (NHL) (TRUXIMA)	**SA (m²)**
		Course Name	Bendamustine+ Rituximab (Truxima) 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: Date:	**Confirmed by:** Date:	**Authorised by:** Date:	**Checked by: (Pharmacist)** Date:	