

Patient Details

Forename

Surname

Protocol

CHOP-RITUXIMAB>65YR (RIXATHON)

SA (m²)

Height (m)

Weight (kg)

Address

DOB

Patient NO

Local No.

Course Name:

CHOP+ RITUXIMAB (RIXATHON) + GCSF 21d OVER 65YRS

Consultant

Ward

Type of line

No. of lumen:

Diagnosis

NHS No

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.

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>	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>	Can be administered in addition to oral prednisolone if required.
1	T=hrs	PARACETAMOL (1000mg)	1000mg	None	PO				<div></div> <div>Batch No.</div>	<div></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>	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

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AddressDOBPatient NOLocal No.Course Name:CHOP+ RITUXIMAB (RIXATHON) + GCSF 21d OVER 65YRS

Ward

NHS No

SA (m²)
Height (m)
Weight (kg)

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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 (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	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>	Max dose: 2mg. Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure.

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Date:

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			Course Name	CHOP+ RITUXIMAB (RIXATHON) + GCSF 21d OVER 65YRS								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 : _____.																	

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Date:	Date:	Date:	Date:	

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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 :_____.																
Drug & dose		FILGRASTIM (G-CSF)																
Actual dose		microgram		Duration		3 DAYS												
Route		SC		Start Date														
Frequency		OD		Start Day		7												
Quantity Dispensed				Dispensed by														
				Accuracy check														
Note		SUBCUTANEOUS BOLUS To be injected ONCE a day by subcutaneous injection on days 7, 11 and 14.																

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