





Patient Details

Forename

Surname

Protocol

IVE-R Lymphoma (RIXATHON)

DOB

Patient NO

Local No.

Course Name:

IVE-R (Rixathon)

NHS No

Ward

SA (m²)

Height (m)

Weight (kg)

Page:3 of 5

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=00Hhrs	EPIRUBICIN (50mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
1	T=00Hhrs	ETOPOSIDE (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=02Hhrs	MESNA (1800mg/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Give mesna bolus dose prior to starting ifosfamide infusion
1	T=02Hhrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	ETOPOSIDE (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
2	T=02Hhrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

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2	T=hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=00Hrs	ETOPOSIDE (200mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=02Hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
3	T=hrs	IFOSFAMIDE (1500mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA mg	Infuse over 11 Hrs at a rate 91 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	
4	T=00Hrs	MESNA (5400mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		<div></div> <div>Batch No.</div>	<div></div>	Start on completion of ifosfamide infusion.
4	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	
4	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.

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

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4	16/09/2018	CHLORPHENAMINE	10		IV		Slow Bolus				Should be given 30-60 minutes prior to rituximab infusion.
	T=hrs	(10mg)	mg						Batch No.		
4		RITUXIMAB (RIXATHON)		SODIUM CHLORIDE 0.9%	IV						Rixathon brand. Variable infusion rate - see additional prescribing notes.
	T=hrs	(375mg/m²)	mg	500 ml					Batch No.		

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.: