

Patient Details

Forename	Surname	Protocol	CVP-R Lymphoma (RIXATHON)	SA (m ²) Height (m) Weight (kg)
Address	DOB	Patient NO	Course Name:	
		Local No.	Cyclo, Vinc, Pred + RITUXIMAB (RIXATHON) Lymphoma	
		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	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	RITUXIMAB (RIXATHON) (375mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Rixathon brand. Variable infusion rate - see additional prescribing notes.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				/	/	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				/	/	
1	T=:hrs	VINCRIStINE (1.4mg/m ²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				/	/	Infuse over 5-10 minutes. Monitor for signs of extravasation and report any incidents as per trust procedure. Infuse over 5-10 mins
1	T=:hrs	CYCLOPHOSPHAMIDE (750mg/m ²)	mg	None	IV		Slow Bolus		/	/	

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

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		Course Name	Cyclo, Vinc, Pred + RITUXIMAB (RIXATHON) Lymphoma	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	Prednisolone dose should preferably be taken in the morning, and the first dose should be taken before the rituximab infusion.															
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 : _____.															

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

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		Course Name	Cyclo, Vinc, Pred + RITUXIMAB (RIXATHON) Lymphoma	Height (m)
DOB	Patient NO	Local No.	NHS No	Weight (kg)
		Ward		
Address				

Record drug allergies or sensitivities

		Time	Date												
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:	