

Patient Details

Forename _____ Surname _____ Protocol **DHAP-R (RIXATHON)**

Address _____ SA (m²) _____
 Height (m) _____
 Weight (kg) _____

DOB _____ Patient NO _____ Local No. _____ Course Name: **DHAP-R (Rixathon)**

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 ²)					
BILIRUBIN <34	0.00 33.99	Day 1			
COCKCROFT (>60)	60.00 300.00	Day 1			
NEUTROPHILS > 1.0	1.00 15.00	Day 1			
PLATELETS > 75	75.00 600.00	Day 1			

Additional Prescribing Notes

The following supportive therapies are to be prescribed separately:

- 1) Aprepitant 125mg PO 1 hour prior to cisplatin then 80mg OD PO on days 2+3
- 2) Ondansetron 8mg BD PO or IV
- 3) Metoclopramide 10mg TDS PO PRN
- 4) Aciclovir 200mg TDS PO.
- 5) Itraconazole 200mg BD PO
- 6) Allopurinol 300mg OD PO for cycle 1 only to prevent tumour lysis syndrome
- 7) G-CSF as local guidelines from D3

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	ONDANSETRON (8mg)	8 mg	None	IV		Slow Bolus	1	/	/	
1	T=hrs	PRE HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 4 Hrs at a rate 250 ml/hr	1	/	/	
1	T=hrs	MANNITOL 20% (0ml)	0 ml	None 200 ml	IV		Infuse over 30 Mins at a rate 400 ml/hr	1	/	/	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	<table border="1"> <tr> <td>Parenteral</td> <td>3</td> </tr> <tr> <td>Intrathecal</td> <td>0</td> </tr> <tr> <td>Oral</td> <td>1</td> </tr> </table>	Parenteral	3	Intrathecal	0	Oral	1
Parenteral	3									
Intrathecal	0									
Oral	1									
Date:	Date:	Date:	Date:							

Patient Details

Forename _____ Surname _____ Protocol **DHAP-R (RIXATHON)**

Address _____ DOB _____ Patient NO _____ Local No. _____ Course Name: **DHAP-R (Rixathon)**

Ward _____ NHS No _____

SA (m²)
 Height (m)
 Weight (kg)

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	CISPLATIN (100mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 ml/hr	2	/	/	
1	T=hrs	HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr	1	/	/	
1	T=hrs	HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr	1	/	/	
1	T=hrs	HYDRATION (1000ml)		SOD CHLOR 0.9%+ POT CHLOR 0.15%+ MAG SULPH 10mmol per litre 1000 ml	IV		Infuse over 8 Hrs at a rate 125 ml/hr	1	/	/	
2	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr	2	/	/	Give doses of cytarabine 12 hours apart.
2	T=hrs	CYTARABINE (2000mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr	2	/	/	Give doses of cytarabine 12 hours apart.
3	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	

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

Patient Details

Forename _____ Surname _____ Protocol **DHAP-R (RIXATHON)**

Address _____

DOB _____ Patient NO _____ Local No. _____ Course Name: **DHAP-R (Rixathon)**

NHS No _____ Ward _____

SA (m²)
 Height (m)
 Weight (kg)

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
3	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	Should be given 30-60 minutes prior to rituximab infusion.
3	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
3	T=hrs	RITUXIMAB (RIXATHON) (375mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Rixathon brand. Variable infusion rate - see additional prescribing notes.

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

Patient Details

Forename	Surname	Protocol	DHAP-R (RIXATHON)										SA (m²)	
		Course Name	DHAP-R (Rixathon)										Height (m)	
DOB	Patient NO	Local No.	NHS No											Weight (kg)
Consultant		Ward	Diagnosis											
Address														

Record drug allergies or sensitivities

			Time	Date													
Drug & dose	DEXAMETHASONE																
Actual dose	40 mg	Duration	4 DAYS														
Route	PO	Start Date															
Frequency	OD	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note																	
Drug & dose	PREDNISOLONE 0.5% EYE DROPS																
Actual dose	1 DROP	Duration	7 DAYS														
Route	EYE	Start Date															
Frequency	QDS	Start Day	1														
Quantity Dispensed		Dispensed by															
		Accuracy check															
Note																	

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