



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
1	T=hrs	CISPLATIN (100mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 24 Hrs at a rate 42 ml/hr	2	<div></div> <div>Batch No.</div>	<div></div>	
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	<div></div> <div>Batch No.</div>	<div></div>	
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	<div></div> <div>Batch No.</div>	<div></div>	
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	<div></div> <div>Batch No.</div>	<div></div>	
2	T=hrs	CYTARABINE (2000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr	2	<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart.
2	T=hrs	CYTARABINE (2000mg/m²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 3 Hrs at a rate 333 ml/hr	2	<div></div> <div>Batch No.</div>	<div></div>	Give doses of cytarabine 12 hours apart.
3	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		<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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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				<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
3	T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	Should be given 30-60 minutes prior to rituximab infusion.
3	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.

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Checked by: (Pharmacist)

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Date:

Date:

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			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																		