

Patient Details

Forename _____ Surname _____

Address _____

DOB _____ Patient NO _____ Local No. _____

NHS No _____

Ward _____

Protocol _____

Course Name: _____

CVP-R Lymphoma (RIXATHON)

Cyclo, Vinc, Pred + RITUXIMAB (RIXATHON) Lymphoma

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	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	RITUXIMAB (TRUXIMA) (375mg/m ²)	mg	SODIUM CHLORIDE 0.9% 500 ml	IV				/	/	Truxima 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:

Patient Details

Forename	Surname	Protocol	CVP-R Lymphoma (TRUXIMA)	SA (m²)
		Course Name	Cyclo, Vinc, Pred + RITUXIMAB (TRUXIMA) 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:

Patient Details

Forename	Surname	Protocol	CVP-R Lymphoma (TRUXIMA)										SA (m²)	
		Course Name	Cyclo, Vinc, Pred + RITUXIMAB (TRUXIMA) 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 : _____.																

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