

Trust location: _____

Parenteral Cytotoxic Chart

Chemocare prescription V1.03

Patient Details

Forename

Surname

Protocol

IVE-R Lymphoma (RIXATHON)

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DOB

Patient NO

Local No.

Course Name:

IVE-R (Rixathon)

SA (m²)

Height (m)

Weight (kg)

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=00Hhrs	EPIRUBICIN (50mg/m ²)	mg	None	IV		Slow Bolus		/	/	
1	T=00Hhrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
1	T=02Hhrs	MESNA (1800mg/m ²)	mg	None	IV		Slow Bolus		/	/	Give mesna bolus dose prior to starting ifosfamide infusion
1	T=02Hhrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
1	T=hrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
2	T=hrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
2	T=02Hhrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	

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

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2	T=hrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
3	T=00Hhrs	ETOPOSIDE (200mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 2 Hrs at a rate 500 ml/hr		/	/	
3	T=02Hhrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
3	T=hrs	IFOSFAMIDE (1500mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV	MESNA _____ mg	Infuse over 11 Hrs at a rate 91 ml/hr		/	/	
4	T=00Hhrs	MESNA (5400mg/m ²)	mg	SODIUM CHLORIDE 0.9% 1000 ml	IV		Infuse over 12 Hrs at a rate 83 ml/hr		/	/	Start on completion of ifosfamide infusion.
4	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		/	/	
4	T=hrs	PARACETAMOL (1000mg)	1000 mg	None	PO				/	/	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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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
4	16/09/2018 T=hrs	CHLORPHENAMINE (10mg)	10 mg		IV		Slow Bolus		/	/	Should be given 30-60 minutes prior to rituximab infusion.
4	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: / /	Chart Id.: