

**Forename**

**Surname**

## Protocol

CVP-R Lymphoma (RIXATHON)

SA (m<sup>2</sup>)

Height (m)

Weight (kg)

## Address

DOB

Patient NO

Local No.

Course Name:

Cyclo, Vinc, Pred + RITUXIMAB (RIXATHON) Lymphoma

Consultant

Ward

7 Type of line

SINGLE LINE

## Diagnosis

NHS No

[illegible]

### Additional Prescribing Notes

Vincristine can cause pain and tissue necrosis if extravasated.

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance:







1) Consider stress ulcer PPI prophylaxis i.e.

lansoprazole

2) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

3) A short course of G-CSF may be used at the discretion of the treating consultant.

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	PARACETAMOL (1000mg)	1000 mg		PO				 Batch No.		Should be given 30-60 minutes prior to rituximab infusion.
1	T=hrs	PREDNISOLONE (40mg/m²)	mg	None	PO				 Batch No.		Should be given 30-60 minutes prior to rituximab infusion from take home supply or ward stock.
1	T=hrs	HYDROCORTISONE (100mg)	100 mg	None	IV		Slow Bolus		 Batch No.		Can be administered in addition to oral prednisolone if required.
Allocated by:			Confirmed by:		Authorised by:		Checked by: (Pharmacist)				
Date:			Date:		Date:		Date:				
							<div> <div>Parenteral</div> <div>Intrathecal</div> <div>Oral</div> </div> <div>2</div> <div>0</div> <div>2</div>				

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1	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.
1	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.
1	T=hrs	FREE FLOWING INFUSION (500ml)	500 ml	SODIUM CHLORIDE 0.9%	IV				<div></div> <div>Batch No.</div>	<div></div>	
1	T=hrs	ONDANSETRON (8mg)	8 mg	None	PO				<div></div> <div>Batch No.</div>	<div></div>	
1	T=:hrs	VINCRISTINE (1.4mg/m²)	mg	SODIUM CHLORIDE 0.9% 50 ml	IV				<div></div> <div>Batch No.</div>	<div></div>	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/m²)	mg	None	IV		Slow Bolus		<div></div> <div>Batch No.</div>	<div></div>	

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Date:	Date:	Date:	Date:

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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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		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:	