

Patient Name

Kent & Medway SACT proforma

Date Calculated →

Protocol Number
HAEM-NHL-027

Patient Number

**Rituximab (in combination)
Non-Hodgkin's Lymphoma
Curative / Non-curative / Remission**

Height (m)

Authorising Consultant:
S. Pessam / J. Lindsay

DOB

in combination with.....
repeated everydays for.....cycles

Weight (kg)

Pharmacist: *[Signature]*
J. Sawyer/O. Okuwa
Review by June 2016
Version 2

Consultant

Suitable for Rapid Administration

Surface Area (m²)

Allergies:

- Use rituximab infusion monitoring record.
 - Infusion rates: first infusion – Initiate at 50 mg/hr. Increase at 50mg/hr increments every 30mins to 400mg/hr max. Subsequent infusions – Initiate infusion at 100mg/hr. Increase rate at 100mg/hr increments every 30mins to 400mg/hr max.
 - From cycle 2 onwards rapid infusion may be used if requested by prescriber above (patient must not have had a grade 3 or 4 reaction to previous rituximab treatment). In this case infuse first 100ml over 20 minutes, and if no reaction, infuse remaining 400ml over 60 minutes.
 - Consider reduction of cell load by other means prior to Rituximab infusion if high tumour load and consider decreasing infusion speed.
 - Ensure pre-medication of Chlorpheniramine, hydrocortisone & paracetamol. Monitor Rituximab infusion closely (complete monitoring form), watch for signs of dyspnoea, fever, rigors. If such symptoms occur stop infusion and seek medical advice. Infusion may be recommenced at half the previous rate, once symptoms have subsided. Anaphylaxis drugs must be available when treating with Rituximab
 - Consider withdrawing any anti-hypertensives 12 hours before treatment with Rituximab.
 - Patients with a high tumour burden or with a high number of lymphocytes (>25 x 10⁹/l) who may be at higher risk of especially severe cytokine release syndrome, should only be treated with extreme caution. These patients should be very closely monitored throughout the first infusion. Consideration should be given to the use of a reduced infusion rate for the first infusion in these patients or a split dosing over two days during the first cycle.
- Virology status checked prior to cycle 1.

Day	Drug	Dose	Route	Infusion Duration	Administration Details	Batch No	Nurses Sign	Start Time	Stop Time
Day ...	Paracetamol	1000mg	po	stat					
.../.../...	Chlorpheniramine	10mg	iv	1 min	by slow IV infusion				
	Hydrocortisone	100mg	iv	stat	Omit when steroid is given as part of chemotherapy regimen, but ensure steroid is given 30 mins before rituximab.				
Commence Rituximab at least 30 mins – 1 hour after pre-medication.									
RITUXIMAB (375mg/m²)			iv	see notes	Sodium Chloride 0.9% 500ml				
TTO MEDS		Drug	Dose	Route	Directions	Date	Quantity	Disp	Check
	Co-trimoxazole	480mg	po	bd Mon, Wed & Fri only. Continue for duration of chemotherapy and for 6 weeks after.					

Prescriber's Signature & Date:

Pharmacist's Clinical Screen & Date:

Final release signature & Date: