

QUEEN ELIZABETH CENTRE FOR THE TREATMENT OF CANCER

CHEMOTHERAPY ROTA

Document Code: HROTA 10b	Written by: N Duncan	Authorised By: Consultant
Issue No: 1.0	Issue date: August 2005	Clinical Nurse Specialist
Page: 1 of 2	Valid until: Next review	Pharmacist

Patient label:

Reference ... R-CHOP 14 vs 21 trial ...

Hb	Na ⁺
WCC	K ⁺
Nts	U
Plt	Cr
	GFR
	Ca
	Mg

Alb	Height
Bili	Weight
AlkPhos	S.A.
AST	

R-CHOP 21

Start Date:
Cycle No:

Diagnosis: **Stage:**

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
Day 1 0900	PREDNISOLONE		100mg			orally	30-60 minutes pre-rituximab		
0900	PARACETAMOL		1000mg			orally	30-60 minutes pre-rituximab		
0900	CHLORPHENIRAMINE		10mg			IV STAT	30-60 minutes pre-rituximab		
0930	RITUXIMAB	375mg/m ²		N/Saline	500	see below			

Administration advice

First infusion:

Initial rate of 50mg/hr for the first 30 minutes. Can then be escalated in 50mg/hr increments every 30 minutes, to a maximum rate of 400mg/hr.

Subsequent infusions:

If first infusion well tolerated, the following rapid schedule can be used: Give 100mls over 30 minutes. Then give remaining 400mls over 60 minutes. **In patients receiving the rapid infusion schedule, record all infusional toxicity on the appropriate form.** In the event of a slower infusion rate being required, use the following schedule: Initial rate of 100mg/hr for the first 30 minutes. Can then be escalated in 100mg/hr increments every 30 minutes, to a maximum rate of 400mg/hr.

- ◆ Elderly patients or those with a high tumour burden may require a slower infusion rate.
- ◆ If a patient develops severe cytokine release syndrome the infusion should be interrupted immediately. On resolution, the infusion can be resumed at not more than one-half the previous rate. Mild to moderate infusion-related reactions usually respond to a reduction in infusion rate.
- ◆ During infusion, the patient's vital signs (bp, pulse, respiration and temperature) should be monitored every 30 minutes until infusion stops.

Prescriber Sig. Date: Chemo Nurse
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..... Date: Pharmacist
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..... Date: Pharmacist
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R-CHOP 21

Hb	Na ⁺	Alb	Height
WCC	K ⁺	Bili	Weight
Nts	U	AlkPhos	S.A.
Pt		AST	
Cr			
GFR			
Ca			
Mg			

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
1320	GRANISETRON		3mg	N/SALINE	15-20ml	IV STAT			
1320	DEXAMETHASONE		8mg			IV STAT			
1330	DOXORUBICIN	50mg/m ²				IV STAT			
1340	VINCRISTINE	1.4mg/m ²		N/SALINE	20mls	IV STAT	Maximum 2mg		
1350	CYCLOPHOSPHAMIDE	750mg/m ²		N/SALINE	500	1 hour			

Additional Therapy

Prednisolone po 100mg daily days 2-5
 Allopurinol po 300mg od, days 1-7
 Ranitidine po 150mg bd days 1-5
 Metoclopramide po 10mg po tds for 3/7 then prn

Prescriber Sig. Date: Chemo Nurse Date:

Pharmacist Date: Pharmacist Date: