

QUEEN ELIZABETH CENTRE FOR THE TREATMENT OF CANCER

CHEMOTHERAPY ROTA			
Document Code: H-ROTA192a	Written by: Nick Duncan	Authorised By: Consultant	25/15/2017
Issue No: 1.0	Issue date: May 2017	Clinical Nurse Specialist	
Page: 1 of 3	Valid until: Next review	Pharmacist	NSC

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

R-IVAC (Truxima®)	
(≤65 years old)	

Cycle No:
Start Date:

Two cycles each of alternating R-CODOX-M and R-IVAC will be given followed by two further doses of Rituximab (on days 21 and 42 of the 2nd IVAC cycle)
Start R-IVAC on first day after R-CODOX-M that the neutrophil count is >1x10⁹/l and platelet count is >75x10⁹/l

DAY NO.	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION	TIME
1	DEXAMETHASONE		8mg			IV STAT	30-60 minutes pre rituximab	sig. sig.	
	PARACETAMOL		1000mg			orally	30-60 minutes pre rituximab		
	CHLORPHENIRAMINE		10mg			IV STAT	30-60 minutes pre rituximab		
	RITUXIMAB (Truxima®)	375mg/m ²		N/Saline	500	see below			

Administration advice
First infusion:

Subsequent infusions:
Over 60 minutes.

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 Sig. Date: Pharmacist Sig. Date: Pharmacist Date:

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Page: 2 of 3 Valid until:

Patient label:

**R-IVAC (Truxima®)
(≤65 years old)**

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig.	TIME
2	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	CYTARABINE	2g/m ²		N/SALINE	1000	3 hours			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
	Mesna	900mg/m ²		N/SALINE	1000	3 hours	12 hrs after last cytarabine		
	CYTARABINE	2g/m ²		N/SALINE	500	1 hour			
3	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	CYTARABINE	2g/m ²		N/SALINE	1000	3 hours	12 hrs after last cytarabine		
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
	Mesna	900mg/m ²		N/SALINE	1000	3 hours	12 hrs after last cytarabine		
	CYTARABINE	2g/m ²		N/SALINE	500	1 hour			

Antiemetics

Metoclopramide 10mg tds oral or iv
Ondansetron 8mg bd oral or iv day days 2
Dexamethasone 2mg tds orally (last dose

Additional Therapy

Allpurinol 300mg od (reduce dose in renal impairment)
Filgrastim 300mcg ($\leq 80\text{kg}$) or 480mcg ($>80\text{kg}$) sc daily from day 8 until neutrophil count $>1.0 \times 10^9/\text{l}$
Prednisolone 0.5% eye drops 1 drop both eyes 2-hourly days 2 to 8
Co-trimoxazole 480mg bd po MWF. Continue until 6/12 post end of chemo

Prescriber Sign _____ **Date:** _____ **Chemo Nurse Sign** _____

Date: _____ Pharmacist Signature: _____ Date: _____

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Authorised By: Consultant Individually 25/5/2012
Clinical Nurse Specialist Individually
Pharmacist HSA/NDU HCO/CD

Consultant
Clinical Nurse Specialist
Pharmacist

Patient label:

R-IVAC (Truxima®)
(≤65 years old)

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig.	TIME
4	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
5	Mesna	900mg/m ²		N/SALINE	500	1 hour			
	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
6	Mesna	300mg/m ²		N/SALINE	500	12 hours			
	Mesna	900mg/m ²		N/SALINE	500	1 hour			
	ETOPOSIDE	60mg/m ²		N/SALINE	500	1 hour			
	IFOSFAMIDE	1500mg/m ²		N/SALINE	500	1 hour			
	Mesna	300mg/m ²		N/SALINE	500	12 hours			
	Mesna	900mg/m ²		N/SALINE	500	1 hour			

Intrathecal methotrexate dose : Please prescribe using H-BOTA 59

7	Calcium folinate	15mg	po	24 hours after intrathecal MTX
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8 **If CNS disease (cycle 1 only) - Intrathecal cytarabine due - please prescribe using H-ROTA 114**

10 **If CNS disease (cycle 1 only) - Intrathecal cytarabine due - please prescribe using H-ROTA 114**

Prescriber Sig. Date: Chemo Nurse Sig.

Date: _____ Pharmacist Sig. _____