

QUEEN ELIZABETH CENTRE FOR THE TREATMENT OF CANCER

CHEMOTHERAPY ROTA

Document Code:	H-ROTA192	Written by:	Nick Duncan	Authorised By:	Consultant <u>Mandy</u>																												
Issue No:	2.0	Issue date:	May 2017	Clinical Nurse Specialist	<u>Mandy</u>																												
Page:	1 of 3	Valid until:	Next review	Pharmacist	<u>Samuel</u>																												
Patient label:																																	
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>Hb</td><td>Na⁺</td><td>Alb</td><td>Height</td></tr> <tr><td>WCC</td><td>K⁺</td><td>Bili</td><td>Weight</td></tr> <tr><td>Nts</td><td>U</td><td>AlkPhos</td><td>S.A.</td></tr> <tr><td>Pit</td><td>Cr</td><td>AST</td><td></td></tr> <tr><td></td><td>GFR</td><td></td><td></td></tr> <tr><td></td><td>Ca</td><td></td><td></td></tr> <tr><td></td><td>Mg</td><td></td><td></td></tr> </table>						Hb	Na ⁺	Alb	Height	WCC	K ⁺	Bili	Weight	Nts	U	AlkPhos	S.A.	Pit	Cr	AST			GFR				Ca				Mg		
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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 $>1\times 10^9/l$ and platelet count is $>75\times 10^9/l$

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig.	TIME
1	DEXAMETHASONE		8mg			IV STAT	30-60 minutes pre-rituximab		
	PARACETAMOL		1000mg			orally	30-60 minutes pre-rituximab		
	CHLORPHENIRAMINE		10mg			IV STAT	30-60 minutes pre-rituximab		
	RITUXIMAB (Mabthera®)	375mg/m ²		0.9% 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.

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 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:

Date:
Date:

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Page:	2 of 3	Valid until:	Next review	Pharmacist	<i>[Signature]</i>

Patient label:

**R-IVAC (Mabthera®)
(≤65 years old)**

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

Antiemetics

Antineutropics

Metoclopramide 10mg tds oral or iv
Ondansetron 8mg bd oral or iv day days 2 to 6
Dexamethasone 2mg tds orally (last dose by 5pm) days 2-6

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

Additional Therapy

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

Prescriber Sign Date Chemo Nurse Sig

Date: _____ Pharmacist Sig. _____

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	Mesna	300mg/m ²		N/SALINE	500	12 hours			
	Mesna	900mg/m ²		N/SALINE	500	1 hour			
5	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			
6	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			

6 Intrathecal methotrexate due - please prescribe using H-ROTA 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.

Chemo Nurse Sig.

Date:

Pharmacist Sig.

Date:

Date: