

Master Prescription Chart: Rituximab (Truxima®)

Patients Name:	CHI No:	Diagnosis:	Weight:
Address:	Allergies:	Consultant:	
Regimen:	Rituximab for Renal Vasculitis		
<u>Drug</u>	<u>Dose</u>	<u>Route and Schedule of Administration</u>	<u>Cycle Frequency</u>
Rituximab (Truxima®)	500mg or 1g	IV Infusion	Day 1 and Day 15
Dose may need to be repeated at 6 months in patients with relapsing or grumbling disease			
Investigations:	Before cycle 1:	FBC, U&E's, CRP, LFT's, calcium/albumin, Hepatitis B&C. If Hepatitis B/C positive seek advice from Hepatologist. Serum immunoglobulins, urine protein to creatinine ratio and CD19. Risk assessment for latent TB.	
	Before other cycles:	FBC, U&E, LFT's, CRP, urine protein to creatinine ratio and CD 19.	
Toxicities:	Common:	Infusion related reactions, mainly fever, chills and rigors, skin rash, neutropenia	
	Uncommon:	Bronchospasm, anaphylaxis	
Dose Modifications:	For relapsing or grumbling disease a single dose of 1g may be administered		
Delay treatment:	Consider delaying treatment if neutrophils <0.5 and platelets <75 if normal prior to treatment		
Contraindications:	Pregnancy and lactation, Severe Heart Failure or severe uncontrolled cardiac disease. Previous hypersensitivity to rituximab or it's excipients. Avoid in acute infections or if patients severely immunocompromised.		
Patient consent signed?	YES/NO		
Patient counselled?	YES/NO		
Patient alert card provided?	YES/NO		

Signature:
Name (please print):

Date:
Designation:

(Note: Specialist Registrar or Consultant only)

Prescription Chart: Drug Orders: Rituximab (Truxima®)			
Name	Date of bloods		
Date of birth	Hb		
Age	WBC		
CHI number	plats		
Ward	neuts		
	creat		
	Bili		
Or Attach	ALT		
addressograph	CRP		
DRUGS	Route	Day 1-Date due -----	Day 15-Date due -----
		Dose	Dose
Sodium chloride 0.9% 100ml flush pre-infusion	IV		
Rituximab (Truxima®) in Sodium Chloride 0.9%. See separate administration guidance	IV		
Sodium chloride 0.9% 100ml flush post-infusion	IV		
PREMEDICATIONS			
Paracetamol (30 mins pre Rituximab)	Oral	1gram	1 gram
Chlorphenamine (30 mins pre Rituximab)	IV	10mg	10mg
Hydrocortisone (30 mins pre Rituximab)	IV	200mg	200mg
PRN Drugs for Infusion Related Reactions (IRR)			
Paracetamol if required 4 hours after premed dose	Oral	1gram	1gram
Chlorphenamine for IRR	IV	10mg	10mg
Salbutamol for IRR	Neb	2.5mg	2.5mg
Hydrocortisone PRN for IRR	IV	100mg	100mg
TAKE HOME DRUGS			
Co-Trimoxazole 480mg OD (PCP prophylaxis)	PO	480mg	480mg
Prescribed by	Signature, Name & Designation		
Dose change authorised by	Signature, Name & Designation		
Pharmacist check by	Signature, Name & Designation		
Administered by	Signature, Name & Designation		
Checked by	Signature, Name & Designation		