Canterbury District Health Board
Te Poari Hauora ō Waitaha
Haematology

CLL
Rituximab + Bendamustine
CYCLE 2 - 6

Height	cm
Weight	kg
BSA	m²

Attach patient sticker

Cycle length	28 days
Cycle no	
Destination	

CBC	Day 1	Limits
Date		
Neuts		1.0×10^9/L
Plts		75×10^9/L

Reference: Eichhorst B, et al. Lancet Oncol 2016; 17: 298-42

Hypersensitivities/Allergies

PRN antiemetics
Domperidone 10 mg PO QID PRN
± Cyclizine 50 mg TDS PO/IV PRN

Agent	Round
Rituximab	50 mg
Bendamustine	5 mg

DOSE MODIFIED: No Yes

Ensure Hep B serology is performed before rituximab treatment ☐

BLOOD BANK NOTIFIED OF PURINE ANALOGUE USE Sign______________________ Date __________

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
1		T – 1 hr	Dexamethasone*	8	mg	PO	Give 30-60 mins prior to Rituximab					
		T – 1 hr	Paracetamol	1000	mg	PO	Give 30-60 mins prior to Rituximab					
		T – 1 hr	Loratadine	20	mg	PO	Give 30-60 mins prior to Rituximab					
		T = 0	**Rituximab 500 mg/m²** ***See infusion chart page 2***		mg	IV	Added to 500 mL sodium chloride 0.9% ☐ Standard infusion ☐ Rapid infusion					
			Ondansetron	8	mg	PO	Give 1 hour prior to chemotherapy					
			Sodium Chloride 0.9%	500	mL	IV	Run concurrently with bendamustine over 60 min to prevent irritation *(for peripheral administration only)*					
			Bendamustine 90 mg/m²		mg	IV	In 500 mL Sodium Chloride 0.9% over 60 min					
2			Dexamethasone*	8	mg	PO	Give 1 hour prior to chemotherapy					
			Ondansetron	8	mg	PO	Give 1 hour prior to chemotherapy					
			Sodium Chloride 0.9%	500	mL	IV	Run concurrently with bendamustine over 60 min to prevent irritation *(for peripheral administration only)*					
			Bendamustine 90 mg/m²		mg	IV	In 500 mL Sodium Chloride 0.9% over 60 min					

*Dexamethasone being used as an anti-emetic and to reduce reactions to both agents
NB Allopurinol may increase risk of severe skin toxicity when used in combination with bendamustine

Consultant:
NZMC Reg. No:

Special Authority: Rituximab
Bendamustine

Rituximab 500 mg/m^2 administration instructions	
Date	***Attach patient label***
Standard infusion:	Commence infusion at 50 mg/hr for the first hour. If no side effects, increase the infusion rate in 50 mg increments every 30 minutes to a maximum rate of 400 mg/hr. Remember that the IV line will have been primed with sodium chloride therefore rituximab will not be infused immediately. To calculate 50mg in _____mL $\frac{\text{Total volume of bag}}{\text{Total dose in bag}}$ X 50 mg = _____mL
Rapid infusion:	If no previous toxicities, give 15% of the dose over 30 minutes and the remaining 85% over the following 60 minutes
If any adverse effects noted:	Discontinue infusion, evaluate severity of symptoms, and treat accordingly. If reactions settle, recommence at HALF the previous rate. Consider hydrocortisone 100 mg IV if required, plus chlorphenamine and paracetamol (depending on time interval).
Take vital observations as for blood products or as clinically indicated *during infusion*. **Following infusion:** Observe for 1 hour following first infusion for delayed reaction. If patient has reacted to first infusion they will need to be observed for 1 hour following subsequent infusions also.	

Note: •Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome.

PRN medications for hypersensitivity reactions

Date	Time	Medication	Dose	Route	Doctor	Nurse	Check
		Hydrocortisone	100 mg	Slow IV bolus			
		Paracetamol	1000 mg	PO (If more than 4 hours since last dose)			
		Chlorphenamine	10 mg	Slow IV bolus			

PRN antiemetics

Date	Medication	Dose	Directions	Doctor	Nurse sign			
	Domperidone	10 mg	PO QID PRN					
	Cyclizine	50 mg	PO/IV Q8H PRN					
	Lorazepam	0.5-1 mg	PO BD PRN					