

Non Hodgkins Lymphoma (NHL)
Fractionated ICE + GCSF (± Rituximab)

Height	cm
Weight	kg
BSA	m ²

Attach patient label

Cycle length:	21 days
Cycle no	1 2 3
Destination	

CBC	Day 1	Limits
Date		
Neuts		1.0 X 10 ⁹ /L
Plts		50 X 10 ⁹ /L

Hypersensitivities/Allergies

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

<u>Agent</u>	<u>Round</u>
Rituximab	50mg
Carboplatin	50mg
Ifosfamide	50mg
Mesna	100mg
Etoposide	20mg

DOSE MODIFIED: No Yes

Reference: Hertzberg Annals of Oncology 2006 17 (4): iv25
Moskowitz, Bertino et al (1999) JCO 17(12) : 3776-85

Ensure Hepatitis B serology is performed before rituximab treatment

Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop
1			Dexamethasone#	8 mg	PO	Give 60 minutes before rituximab					
			Paracetamol	1000 mg	PO	Give 60 minutes before rituximab					
			Loratadine	20 mg	PO	Give 60 minutes before rituximab					
			Rituximab 375 mg/m² See infusion chart page 4	mg	IV	Added to 500 mL Sodium Chloride 0.9% <input type="checkbox"/> Standard infusion <input type="checkbox"/> Rapid infusion					

#After first dose of rituximab if no reaction, dexamethasone on Day 1 may be omitted at the discretion of consultant

- Dipstick urine with each void to check for haematuria. Patients must void 150mL/hr while receiving ifosfamide. Encourage patients to void 2 hourly
- In case of grade 1 neurology toxicity to ifosfamide (confusion), the dose will be decreased to 3000mg/m² (total dose) for the next cycle. If ≥ grade 2 neurologic toxicity or the neurologic toxicity increases with the dosage decreased, ifosfamide will be stopped.

Consultant:
NZMC Reg. No:

Special Authority: Rituximab
Pegfilgrastim
Filgrastim (only if mobilising)

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Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop		
2			Sodium chloride 0.9%	1000 mL	IV	Pre-hydration over 2 hours							
			Ondansetron	8 mg	PO/IV	Give 60 minutes prior to chemotherapy							
			Dexamethasone	8 mg	PO/IV	Give 60 minutes prior to chemotherapy							
			Carboplatin AUC5 [(CrCl in mL/min + 25) X 5]mg up to a max of 800mg		mg	IV	In 250 mL Glucose 5% over 1 hour						
			Ifosfamide 1670 mg/m²		mg	IV	Mixed together in 1000mL Sodium Chloride 0.9% and given over 2 hours						
			Mesna 1670 mg/m²		mg	IV							
					Etoposide 100 mg/m²		mg	IV	In 500mL Sodium Chloride 0.9% over 1 hour				
					Mesna	2000	mg	PO	2 hours after ifosfamide completed				
					Mesna	2000	mg	PO	6 hours after ifosfamide completed				
			2000		Ondansetron	8 mg	PO/IV	(If outpatient, give on outpatient script)					
3			Sodium chloride 0.9%	1000 mL	IV	Prehydration over 2 hours							
			Ondansetron	8 mg	PO/IV	Give 60 minutes prior to chemotherapy							
			Dexamethasone	8 mg	PO/IV	Give 60 minutes prior to chemotherapy							
			Ifosfamide 1670 mg/m²		mg	IV	Mixed together in 1000mL Sodium Chloride 0.9% and given over 2 hours						
			Mesna 1670 mg/m²		mg	IV							
					Etoposide 100 mg/m²		mg	IV	In 500mL Sodium Chloride 0.9% over 1 hour				
					Mesna	2000	mg	PO	2 hours after ifosfamide completed				
					Mesna	2000	mg	PO	6 hours after ifosfamide completed				
			2000		Ondansetron	8 mg	PO/IV	(If outpatient, give on outpatient script)					

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Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop	
4			Sodium chloride 0.9%	1000 mL	IV	Prehydration over 2 hours						
			Ondansetron	8 mg	PO/IV	Give 60 minutes prior to chemotherapy						
			Dexamethasone	8 mg	PO/IV	Give 60 minutes prior to chemotherapy						
			Ifosfamide 1670 mg/m²		mg	IV	Mixed together in 1000mL Sodium Chloride 0.9% and given over 2 hours					
			Mesna 1670 mg/m²		mg							
			Etoposide 100 mg/m²		mg	IV	In 500mL Sodium Chloride 0.9% over 1 hour					
			Mesna	2000	mg	PO	2 hours after ifosfamide completed					
			Mesna	2000	mg	PO	6 hours after ifosfamide completed					
			2000	Ondansetron	8 mg	PO/IV	(If outpatient, give on outpatient script)					
5&6			Dexamethasone	8 mg	PO/IV	daily for 2 days following chemo						
5			Pegfilgrastim[#]	6 mg	subcut	Administer at least 24 hrs after last dose of chemotherapy						

Chart on MedChart or give outpatient script. If an outpatient script is done, ensure a special authority is obtained. Advise patient they may experience bony pain.

To mobilise stem cells following this treatment replace pegfilgrastim with filgrastim 10 microgram/kg. See stem cell mobilisation post chemotherapy chart.

Rituximab administration instructions							
Date	<i>Attach patient label</i>						
Standard infusion:	<p>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.</p> <p>To calculate 50mg in ____mL</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">Total volume of bag</td> <td style="padding: 2px;">X 50 mg =</td> <td style="padding: 2px;">____mL</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Total dose in bag</td> </tr> </table>	Total volume of bag	X 50 mg =	____mL	Total dose in bag		
Total volume of bag	X 50 mg =	____mL					
Total dose in bag							
Rapid infusion:	If no previous toxicities, give 20% of the dose over 30 minutes and the remaining 80% 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.						
<p>Take vital observations as for blood products or as clinically indicated.</p> <p>Following infusion: Observe for delayed side effects for 1 hour following first infusion. If patient has reacted to first infusion, observe following subsequent infusions also.</p>							

Note: •Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome.
•Ensure adequate hydration and consider addition of allopurinol for 1 – 3 courses.

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	DR	NURSE SIGN					
	Domperidone	10 mg	PO QID							
	Cyclizine	50 mg	PO/IV Q8H							
	Lorazepam	0.5-1 mg	PO BD							