

Non Hodgkins Lymphoma (NHL):
R-CEOP

Height	cm
Weight	kg
BSA	m ²

Attach patient sticker

Cycle length:	21 days
Cycle no:	
Destination:	

CBC	Day 1	Limits
Date		
Hb		80g/L
Neuts		1.5 X 10 ⁹ /L
Plts		100 X 10 ⁹ /L

Hypersensitivities/Allergies

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

Agent	Round
Rituximab	50 mg
Vincristine	0.1 mg
Etoposide	20 mg(IV) 50mg(PO)
Cyclophosphamide	50 mg

DOSE MODIFIED: No Yes

Reference: Moccia et al, Blood 2009 114:408

Ensure Hep B serology is performed before rituximab treatment

Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop	
1-5		T-1 hr	Prednisone	100 mg	PO	ONCE daily on days 1-5. Give 30-60 mins prior to Rituximab on Day 1. Chart on outpatient script.						
1		T-1 hr	Paracetamol	1000 mg	PO	Give 30-60 minutes prior to rituximab						
		T-1 hr	Loratadine	20 mg	PO	Give 30-60 minutes prior to rituximab						
		T=0	# Rituximab 375mg/m² <i>See infusion chart page 3</i>		mg	IV	<input type="checkbox"/> Standard infusion: added to 500 mL Sodium Chloride 0.9% <input type="checkbox"/> Rapid infusion: added to 500 mL Sodium Chloride 0.9%					
			Ondansetron	8 mg	mg	PO	Give 60 minutes prior to chemo					
			Sodium Chloride 0.9%	100-500 mL	mL	IV	For flushing					
			Vincristine 1.4mg/m² (max 2mg)		mg	IV	In 50mL Sodium Chloride 0.9% free run 10 mins					
			Etoposide 50mg/m²		mg	IV	Bolus					
			Cyclophosphamide 750mg/m²		mg	IV	In 100mL Sodium Chloride 0.9% over 30 mins					

Consultant:

Special Authority: Rituximab

NZMC Reg. No:

Non Hodgkins Lymphoma (NHL):
R-CEOP

Height		cm
Weight		kg
BSA		m ²

Attach patient sticker

For days 2 and 3 of chemotherapy, etoposide can be given IV or PO – prescribe one of the regimens below, and cross out and sign the other option.

IV etoposide option:

Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop
2			Sodium Chloride 0.9%	100-500	mL IV	For flushing					
			Ondansetron	8	mg PO	Give 60 minutes prior to chemo					
			Etoposide 50mg/m²		mg IV	Bolus					
3			Sodium Chloride 0.9%	100-500	mL IV	For flushing					
			Ondansetron	8	mg PO	Give 60 minutes prior to chemo					
			Etoposide 50mg/m²		mg IV	Bolus					

Oral etoposide option:

Day 2 and 3 etoposide can be given orally as an outpatient. Please round to the nearest 50mg. The dose is **not** equivalent to IV, see below:

Days	Date	Agent	Dose	Route	Instructions	Doctor's signature
2 - 3		Etoposide 100mg/m²		mg PO	ONCE daily on days 2 and 3. Prescribe on an outpatient prescription.	

Rituximab administration instructions	
	Attach patient label
Date:	
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
	$\frac{\text{Total volume of bag}}{\text{Total dose in bag}} \times 50 \text{ mg} = \text{____ mL}$
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.
Take vital observations as for blood products or as clinically indicated.	
Following infusion: Observe for delayed side effects, for 1 hour following 1st infusion. If patient has reacted, observe following subsequent infusion also.	

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