

Non Hodgkin Lymphoma (NHL)
R-CHOEP

Height	cm
Weight	kg
BSA	m ²

Attach patient sticker

Cycle length	21 days
Cycle no	
Destination	

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

Hypersensitivities/Allergies

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

Agent	Round
Rituximab	50 mg
Doxorubicin	5 mg
Vincristine	0.1 mg
Etoposide	20 mg(IV) 50mg(PO)
Cyclophosphamide	50 mg

DOSE MODIFIED: No Yes

Reference: Blood 2004. 104 626-633

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 mins prior to Rituximab						
		T = -1 hr	Loratadine	20 mg	PO	Give 30-60 mins prior to Rituximab						
		T = 0 hrs	Rituximab 375 mg/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 1 hour prior to chemotherapy					
			Sodium Chloride 0.9%	100-500 mL	mL	IV	For flushing					
			Doxorubicin 50 mg/m²		mg	IV	In 150 mL Sodium Chloride 0.9% over 15 mins					
			Vincristine 1.4 mg/m² (max 2mg)		mg	IV	In 50 mL Sodium Chloride 0.9% free run over 10 mins					

Consultant:
NZMC Reg. No:

Special Authority: Rituximab

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Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop
1			Etoposide 100 mg/m²		mg IV	Bolus					
			Cyclophosphamide 750 mg/m²		mg IV	In 100 mL Sodium Chloride 0.9% over 30 mins					
		2100	Ondansetron	8	mg PO	Take on evening of chemotherapy					

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:

2			Ondansetron	8	mg PO						
			Sodium Chloride 0.9%	100-500	mL IV	For flushing					
			Etoposide 100 mg/m²		mg IV	Bolus					
3			Ondansetron	8	mg PO						
			Sodium Chloride 0.9%	100-500	mL IV	For flushing					
			Etoposide 100 mg/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 200 mg/m²		mg PO	ONCE daily on days 2 and 3. Prescribe on an outpatient prescription.	

Reference: Cancer Chemother Pharmacol. 2008 Apr;61(5):785-90)

Rituximab 375 mg/m² administration instructions

Date:	<i>Attach patient label</i>
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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> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>Total volume of bag X 50 mg = ____ mL Total dose in bag</p> </div>
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Rapid infusion:	If no previous toxicities, give 20% of the dose over 30 minutes and the remaining 80% over the following 60 minutes
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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).
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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.
 - 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	Doctor	Nurse sign			
	Domperidone	10 mg	PO QID PRN					
	Cyclizine	50 mg	PO/IV Q8H PRN					
	Lorazepam	0.5-1 mg	PO BD PRN					