

**Non Hodgkin Lymphoma (NHL)**  
**R-CHOP**

<b>Height</b>	cm
<b>Weight</b>	kg
<b>BSA</b>	m <sup>2</sup>

*Attach patient sticker*

Cycle length	21 days
Cycle no	
Destination	

CBC	Day 1	Limits
Date		
Neuts		1.0 X 10 <sup>9</sup> /L
Plts		75 X 10 <sup>9</sup> /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
Cyclophosphamide	50 mg

**DOSE MODIFIED: No Yes**

Reference: Coiffier B, Thieblemont C, et al Blood 2010; 116 (12): 2040-5

**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	<b>Prednisone</b>	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	<b>Rituximab 375 mg/m<sup>2</sup></b> <i>See infusion chart page 2</i>		mg	IV	<input type="checkbox"/> <b>Standard infusion:</b> added to 500 mL Sodium Chloride 0.9% <input type="checkbox"/> <b>Rapid infusion:</b> added to 500 mL Sodium Chloride 0.9%				
			Ondansetron	8 mg	PO	Give 1 hour prior to chemotherapy					
			Sodium Chloride 0.9%	100-500 mL	IV	For flushing					
			<b>Doxorubicin 50 mg/m<sup>2</sup></b>		mg	IV	In 150 mL Sodium Chloride 0.9% over 15 mins				
			<b>Vincristine 1.4 mg/m<sup>2</sup></b> (max 2mg)		mg	IV	In 50 mL Sodium Chloride 0.9% free run over 10 mins				
			<b>Cyclophosphamide 750 mg/m<sup>2</sup></b>		mg	IV	In 100 mL Sodium Chloride 0.9% over 30 mins				
	2100		Ondansetron	8 mg	PO	Take on evening of chemotherapy					

**Consultant:**  
**NZMC Reg. No:**

**Special Authority: Rituximab**

Rituximab 375 mg/m <sup>2</sup> administration instructions	
<b>Date:</b>	<i>Attach patient label</i>
<b>Standard infusion:</b>	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
	$\frac{\text{Total volume of bag}}{\text{Total dose in bag}} \times 50 \text{ mg} = \text{____ mL}$
<b>Rapid infusion:</b>	If no previous toxicities, give 20% of the dose over 30 minutes and the remaining 80% over the following 60 minutes
<b>If any adverse effects noted:</b>	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).
<b>Take vital observations as for blood products or as clinically indicated during infusion.</b>	
<b>Following infusion:</b> 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				