

**R-CHOP: Rituximab, Cyclophosphamide, Doxorubicin, Vincristine and Prednisone for non-Hodgkin Lymphoma**

**Contact Physician:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Cycle:** \_\_\_\_\_ **Day 1 =** \_\_\_\_\_ **Cycle 1: Consent form done**

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **BSA:** \_\_\_\_\_

**Adjusted IBW:** \_\_\_\_\_ **Adjusted BSA:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

<p><b>Rituximab</b> 375mg/m<sup>2</sup> IV day 1 <b>Cyclophosphamide</b> 750 mg/m<sup>2</sup> IV day 1 <b>Doxorubicin</b> 50 mg/m<sup>2</sup> IV day 1 <b>Vincristine</b> 1.4 mg/m<sup>2</sup> IV day 1 (maximum = 2 mg) <b>Prednisone</b> 100 mg/m<sup>2</sup> PO days 1-5</p>
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**1. Hydration:**

**2. Prophylactic medications:** (check the appropriate medications)

- Allopurinol: 300mg PO daily for 10 days with cycle #1.
- Acyclovir: 400mg PO twice daily
- GI prophylaxis:

**3. Anti-emetics:** High emetogenic potential

- Ondansetron 16mg PO twice daily for 10 doses, then every 12 hours prn. First dose prior to start of chemotherapy.
- Ondansetron 16 mg IV every 12 hours if unable to tolerate PO..
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10 mg PO every 6 hours prn nausea
- Aprepitant 125mg PO day 1 and 80mg PO day 2&3

**4. Rituximab:** (375mg/m<sup>2</sup>) \_\_\_\_\_mg IV in Sodium Chloride 0.9% at standard dilution of 2mg/mL.

- Acetaminophen 650 mg PO 30 minutes prior to rituximab
- Diphenhydramine 50 mg PO or IV 30 minutes prior to rituximab

**First Infusion:** Begin at 25mL/hour, increasing in 25mL/hour increments every 30minutes to maximum rate of 200mL/hour.

**Subsequent Infusions** may begin at 50mL/hour, increasing by 50mL/hour every 30 minutes to a maximum rate of 200mL/hour.\

**All infusions:** Vital signs every 15 minutes times 4, then every 30minutes until completed.

Give prednisone prior to Rituximab

**Anti-anaphylactic medications:**

Epinephrine 1:1000mL  
Epinephrine 1:10,000mL  
Diphenhydramine 50mg IV  
Hydrocortisone 100mg IV

**5. Chemotherapy:**

- **Cyclophosphamide** (750 mg/m<sup>2</sup>) \_\_\_\_\_ mg IV Day 1.
- **Doxorubicin** (50 mg/m<sup>2</sup>) \_\_\_\_\_ mg IV on Day 1.
- **Vincristine** (1.4 mg/m<sup>2</sup>, max dose 2 mg) \_\_\_\_\_mg IV Day 1.
- **Prednisone** (100 mg/m<sup>2</sup>) \_\_\_\_\_ mg PO Days 1-5. Give 1<sup>st</sup> dose prior to IV.

**6. Followup:**

- CBC diff platelet counts to be done every \_\_\_\_\_ starting \_\_\_\_\_ . If done at outside clinic, fax to Cancer Clinic triage (608) 266-6020.

Chemotherapy may be repeated every 21 days.

**Signed:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Reference:** N Engl J Med 1993;328:1002-6; N Engl J Med 2002;346:235