

Place patient identification
sticker here

**DOCTOR'S ORDER SHEET –
INFUSION – RITUXAN (rituximab)**

Allergies: NKA

Height _____ Weight _____ kg

****UNAPPROVED ABBREVIATIONS****

QD, QOD, MgSO₄, MSO₄, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero (Xmg)

DATE	TIME	ORDERS	NURSE SIGNATURE
		Assign to Outpatient status	
		PREMEDICATIONS:	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> methylPREDNISolone sodium succinate injection _____ mg IV 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydrAMINE _____ mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydrAMINE _____ mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		MEDICATION:	
		Rituxan (rituximab) in 0.9% NS in 1mg/1ml ratio IV infusion	
		Dose: _____ mg	
		Route: Intravenous	
		Frequency:	
		Infusion Rate (first dose): 50-400ml/hr titrated. Initiate infusion rate at 50ml/hr. slowly increase in increments of 50ml/hr every 30 mins to max of 400ml/hr if no reaction	
		Infusion Rate (second dose): 100-400ml/hr titrated. Initiate infusion rate at 100ml/hr. Slowly increase in increments of 100ml/hr every 30 minutes to max of 400ml/hr if no reaction	
		If infusion-related reaction:	
		1.) STOP infusion immediately;	
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	
		3.) Administer PRN medications per infusion reaction medication ordered;	
		4.) Call Max Cart;	
		5.) Notify MD	
		INFUSION REACTION MEDICATIONS:	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)	
		(Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose)	
		Dose: 2.5mg via nebulizer as needed for shortness of breath/wheezing	
		diphenhydrAMINE injectable	
		Dose: 25mg IV x 1 dose for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved	
		EPINEPHrine 1mg/ml (1:1000) injectable	
		Dose: 0.3mg IM x1 dose as needed for anaphylaxis.	
		methylPREDNISolone sodium succinate 125mg injection	
		Dose: 125mg IV x1 dose as needed for hypersensitivity	
		NURSING ORDERS:	
		• Ensure baseline labs are complete: CBC with differentials, AST, ALT, and SCR	
		• Ensure patient has been screened for viral hepatitis B and C, and TB test prior to the start of treatment	
		• Do not administer rituximab and notify provider if patient has a temperature >100°F, complains of symptoms of acute viral or bacterial illness, or if patient is taking antibiotics for current infection	
		• Monitor patient for signs/symptoms of hypersensitivity during infusion and for 60 mins post-infusion	
		• Cardiac monitoring required during and after infusion for rheumatoid arthritis patients and patients with pre-existing cardiac disease	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: Rituxan Prescribing Information **USE BALL POINT PEN FAX TO PHARMACY**

Qualified Medical Provider signature

Date

Time

