

Place patient identification  
sticker here

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

<b>Diagnosis:</b>			
<b>Allergies:</b> <input type="checkbox"/> NKA			
		Height _____	Weight _____ kg
<b>****UNAPPROVED ABBREVIATIONS****</b>			
<b>QD, QOD, MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero (Xmg)</b>			
DATE	TIME	ORDERS	NURSE SIGNATURE
		Assign to Outpatient status	
		<b>PREMEDICATIONS:</b>	
		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	
		<b>MEDICATION:</b>	
		<input type="checkbox"/> Rituxan (rituximab) diluted with 0.9% NS to 1mg/1ml	
		<input type="checkbox"/> Riabni (rituximab-arrx) diluted with 0.9% NS to 1mg/1ml	
		<input type="checkbox"/> Ruxience (rituximab-pvvr) diluted with 0.9% NS to 1mg/1ml	
		<input type="checkbox"/> Truxima (rituximab-abbs) diluted with 0.9% NS to 1 mg/1ml	
		<b>Dose:</b> _____mg	
		<b>Route:</b> Intravenous	
		<b>Frequency:</b>	
		<b>Infusion Rate (first dose):</b> 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	
		<b>Infusion Rate (second dose):</b> 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	
		<b>If infusion-related reaction:</b>	
		1. STOP infusion immediately;	3. Administer PRN medications per infusion reaction medication ordered;
		2. Increase 0.9% sodium chloride (NS) infusion to wide open rate;	4. Call Max Cart;
			5. Notify MD
		<b>INFUSION REACTION MEDICATIONS:</b>	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)	
		(Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose)	
		<b>Dose:</b> 2.5mg via nebulizer as needed for shortness of breath/wheezing	
		diphenhydrAMINE injectable	
		<b>Dose:</b> 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	
		<b>Dose:</b> 0.3mg IM x1 dose as needed for anaphylaxis	
		methylPREDNISolone sodium succinate 125mg injection	
		<b>Dose:</b> 125mg IV x1 dose as needed for hypersensitivity	
		<b>NURSING ORDERS:</b>	
		• 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

