

Infusion

Rituximab



PATIENT INFORMATION

Patient Name: _____ DOB _____

Date: _____ Allergies: _____

Provider Name: _____ Phone number: _____

Diagnosis: (circle correct diagnosis) NHL CLL RA GPA MPA Other _____

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER

Pt weight _____ **kg** **Height** _____ **cm**

DOSE:

Rituximab _____ mg/m² IV = _____ mg (Round up to the nearest 100mg vial, Administer in 250-500ml NS with 1.2 micron or smaller in-line filter. **A change in the dose will require a new order and insurance authorization.**) Start infusion at 50mg/hr X 30 min, and increase rate by 50 mg/hr every 30 min to a maximum of 400mg/hr. For subsequent infusions (if no reaction to the previous infusion), start Rituximab at a rate of 100mg/hr X 30 min and increase rate by 100 mg/hr every 30 min to a maximum of 400 mg/hr.

FREQUENCY:

Pre-medications: Give 30 minutes prior to Rituximab infusion

___ Acetaminophen P.O. (select one) ___ 500 mg **OR** ___ 650 mg **OR** _____ mg **OR** ___ NO Acetaminophen ___

___ Diphenhydramine (select one) ___ 12.5mg IV **OR** ___ 25mg IV **OR** ___ 50mg IV **OR** ___ NO Diphenhydramine

___ Dexamethasone (select one) ___ 4mg IV **OR** ___ 8mg IV **OR** ___ 10mg IV **OR** ___ NO Dexamethasone

Other (drug, dose, route and frequency) _____

Lab Testing: CMP CBC ___ Other _____

Frequency:

Prior to every infusion **OR** _____

PATIENTS WITH CENTRAL LINE ACCESS :

Select one: ___ Patient has a PICC ___ Implanted port ___ Other CVAD ___ Patient does not have a CVAD

Central line care per Salem Health CVAD Access Policy and Lippincott procedure. Access/deaccess per manufacture device maintenance card if available.

Heparin flush solution per Salem Health CVAD/Lippincott procedures for devices requiring heparin.

Alteplase per Salem Health Central Venous Access Device declotting (Lippincott) for s/sx of occlusion: inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow.

1 View Chest X-ray to verify PICC tip location PRN for: catheter migration greater than 5 cm, signs and symptoms of tip malposition (occlusion unresolved by alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.) Notify ordering provider if implemented.

Contact ordering provider prior to infusion if patient reports changes from previous infusion related to: active infection, illness (with or without fever) active cancer, CHF, previous infusion reactions to Rituximab.

Notify ordering provider if infusion NOT given or patient status is 'No Show' for his or her appointment.

Notify ordering provider of all infusion reactions.

Follow SH treatment algorithm for infusion reactions OP-infusion. Resume infusion at a 50% reduction in rate after symptoms have resolved.

___ **Patient is stable with treatment and can be treated at SH Infusion under general supervision. (please select if appropriate)**

Other/additional instructions/orders:

Provider Signature

Provider Printed Name

Date:

salemhealth.org **OUTPATIENT INFUSION**
Appointment line: 503-814-4638
Fax: 503-814-1465

Order template reviewed and approved by:
Cliffton T.H. Bong, M.D. Medical Director
Salem Health Infusion

PATIENT LABEL