

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 manutacture 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:
Clifton T.H. Bong, M.D. *Medical Director*
Salem Health Infusion

PATIENT LABEL