

PATIENT INFORMATION

Patient Name: _____ Date: _____
 Address: _____ Phone/Cell: _____
 City, State, Zip: _____
 DOB: _____ Weight: _____ Height: _____ B.S.A. _____ Diabetic **(Circle one)**: Yes / No
 Diagnosis/ICD 10 Code: _____
 Allergies: _____

▪ **RN to teach medication management**

PREMEDICATION ORDERS

- Acetaminophen 650 mg po 30 minutes prior to Rituxan **AND** q 4 hrs PRN temp >100.5
- Diphenhydramine 25 mg / 50 mg IV **-or-** po 30 minutes prior to Rituxan
- Methylprednisolone 100 mg IV 30 minutes prior to therapy
- **Other:**

INFUSION ORDERS

- Rituxan® _____ mg IV (Dose = _____ mg/m²)
 - Infuse weekly x _____ doses
 - Infuse on days 1 and 15
- Dilute Rituxan® to a final concentration of _____ mg/mL (range: 1-4 mg/mL) with _____ mL of Sodium Chloride 0.9%
 - a) **First infusion:** Administer at an initial rate of 50 mg/hr Increase rate by 50 mg/hr q 30 minutes to a maximum rate of 400 mg/hr, as tolerated.
 - b) **Subsequent infusions:** Administer at an initial rate of 100 mg/hr. Increase rate by 100 mg/hr q 30 minutes to a maximum rate of 400 mg/hr, as tolerated.
- Check and record vital signs q 5 minutes for first 15 minutes, q 15 minutes for next hour, q 30 minutes for next hour, and then Hourly for the remainder of infusion.
- Stop infusion for fever (T > 101.5), hypotension (↓ 30 mm/Hg from baseline), chills, rigors, dizziness, dyspnea or early signs of bronchospasm. **(Notify MD. Keep vein open)**
- After resolution of symptoms, infusion may be resumed at one-half of the previous rate and increased per above protocol.
- **Other:**

LAB ORDERS

- CBC w/diff and Platelets _____ CMP _____
- **Other:**

IV ACCESS

- Start PIV if no IV access available Maintain current central line access

CATHETER CARE

- Sodium Chloride 0.9% _____ mL IV before **AND** after each IV access **AND** PRN per protocol.
- Sodium Chloride 0.9% _____ mL as above **AND** Heparin 100 Units/mL _____ mL IV flush after second saline flush **AND** PRN.
- * Dressing changes weekly **AND** PRN * Biopatch dressing * May obtain blood from IV access for labs
- * May use Cathflo 2mg/2mL sterile water IVP 1 mL per lumen; may repeat after 2 hours' x 1

GENERAL ADULT DOSING GUIDELINES FOR NON-NEOPLASTIC DIAGNOSES

Idiopathic Thrombocytopenic Purpura (ITP): 375 mg/m² IV weekly x 4 weeks
Moderately – to severely – active Rheumatoid Arthritis: 1000 mg on days 1 and 15
Severe Pemphigus: 375 mg/m² IV weekly x 4 weeks

Prescribing Physician: _____ Address: _____ Phone: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

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