

## 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/m<sup>2</sup>)
  - 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/m<sup>2</sup> IV weekly x 4 weeks  
**Moderately – to severely – active Rheumatoid Arthritis:** 1000 mg on days 1 and 15  
**Severe Pemphigus:** 375 mg/m<sup>2</sup> IV weekly x 4 weeks

Prescribing Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CONFIDENTIALITY STATEMENT: This facsimile and documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender at the address and telephone number set forth herein and arrange for return or destruction of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.

Fax completed form to: (800) 783-9146 - Thank you for using BioTek reMEDys®