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| **Patient:****Rituxan (rituximab)** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **Required lab results and/or tests prior to scheduling:****Hepatitis B Core Antibody, IgM & Hepatitis B Surface Antigen (HBsAg) Screen, Qualitative prior to first infusion, Comprehensive Metabolic Panel, CBC with Differential** |
| **ICD 10/Primary Diagnosis:**  | **ICD 10/Secondary Diagnosis:** |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  | **Frequency** |
| [ ]  Rituxan (rituximab) 1000mg IV[ ]  Rituxan (rituximab) 500mg IV | [ ]  Day 0 & 14[ ]  Every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pre-Medication** [ ]  **NO PRE-MEDICATION REQUIRED**  |
| **Pre-medications administered 30 min prior to infusion** |
| **Medication** | **Dose**  | **Route** | **Medication** | **Dose** | **Route** |
| [ ]  Benadryl |  | IVP | [ ]  Solu-Medrol |  | IVP |
| [ ]  Benadryl |  | PO | [ ]  Tylenol |  | PO |
| [ ]  Decadron |  | IVP | [ ]   |  |  |
| [ ]   |  |  |[ ]   |  |
|  **PRN MEDS:**[ ]  **Morphine 2mg Injection** (PRN, Rigors)* May repeat dose x 1
 | **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| [ ]  **Labs drawn prior to scheduling infusion (results provided)** See required labs above **Labs to be drawn over treatment course by facility:**  [ ]  **NO LABS REQUIRED** |
| **LAB** | **FREQUENCY** | **LAB** | **FREQUENCY** |
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| **Nursing Communication/Orders** |
| * Notify Provider if ANC LESS than 1500 or Platelets LESS than 100,000
* Notify Provider for Pregnancy Risk
* Notify provider if the patient has any toxicities: rash, pulmonary, neurologic, GI, cardiac, infectious, abdominal pain
* Monitor for infusion reaction, especially first infusion.
* Hold Rituximab if patient has received live virus vaccine.
* Notify provider if patient has history of arrythmias
* Fluid/Volume: Normal Saline 0.9% for 1:1 concentration
* Initial infusion rates: 50mg/hour x30 minutes. If tolerated increase the rate by 50 mg/hour every 30 minutes as tolerated to a max rate of 400mg/hour.
* For subsequent infusions: start at 100mg/hour for 30 minutes. If patient tolerates the infusion, increase the rate by 100mg/hour every 30 minutes as tolerated to a max rate of 400mg/hour.
* If Day 1 infusion tolerated well, begin Day 15 infusion at 100 mg/hr and if no reaction occurs, may increase rate in 100 mg/hr increments every 30 min to a maximum of 400 mg/hr. For Day 15, if a reaction occurred with Day 1 infusion follow Day 1 infusion instructions again.
* Obtain vital signs pre- and post-infusion. Obtain vital signs 30 mins after initiation of infusion, then hourly for the remainder of the infusion, and 30 minutes after 1st infusion and the subsequent infusion PRN.
* Monitor for signs of reaction for 30 mins after completion of the 1st infusion of each cycle and the subsequent infusion PRN if previous signs of reaction observed.
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