|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:**  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** | | |
|  | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
| **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. | | | | | | | | | |