|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Truxima (rituximab-abbs)** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  **Hep B Profile prior to first infusion and CBC with diff within 90** days **of Day 1 infusion of every cycle** | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD 10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| Truxima (rituximab-abbs) \_\_\_\_\_\_\_\_mg x2 doses  Truxima (rituximab-abbs) \_\_\_\_\_\_\_\_ (375mg/m2)  Truxima (rituximab-abbs) \_\_\_\_\_\_\_\_ mg x 1 dose | | | | | 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 |
|  | | |  | IVP |  | | |  |  |
|  | | |  | IVP |  | | |  |  |
| **PRN MEDS:**  Acetaminophen 500mg PO every 4 hours PRN pain (give 1st)  Ibuprofen 800mg PO x 1 PRN pain (give 2nd)  Zofran 4mg IV every 3 hours PRN nausea/vomiting | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**  Hep B Profile prior to first infusion and CBC with diff within 90 days of Day 1 infusion of every cycle  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
| **Nursing Communication/Orders** | | | | | | | | | |
| 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. * 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. | | | | | | | | | |