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| --- | --- |
| **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:**[x]  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.
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