EAST TENNESSEE Children's Hospital

Print Patient Name (Required)

DOB

Height (cm): _____
Weight (kg): _____
BSA (m2): _____
Allergies: _____

Place Patient Barcode Here

Rituximab (or biosimilar) [Subsequent Infusions] – Form 5205

Admit to: ☐ Inpatient ☐ Outpatient ☐ Observation Infusion Dates: _____, _____, _____, _____

☐ Port ☐ Broviac ☐ PICC ☐ Place Peripheral IV ☑ Topical anesthetic per protocol

☑ Normal Saline/Heparin Flush per protocol

Premedications

☐ Acetaminophen (15mg/kg) = _____mg PO (max dose 650mg)

☐ Diphenhydramine (1mg/kg) = _____ mg IV or PO (max dose 50mg)

☐ Methylprednisolone = _____mg IV (max dose 1000 mg) over _____ min

Select Product to infuse (per insurance approval):

☐ **Rituxan (rituximab)** ☐ **Truxima (rituximab-abbs)** ☐ **Ruxience (rituximab-pvvr)**

Dose: (375 mg/m2) = _____mg in NS for a total volume of (1mg/mL) = _____mL IV once

Rate: Begin IV infusion at (1mg/kg/hour) = rate of _____ mL/hr (max 50 mL/hr); May increase rate as tolerated q30 min by (1mg/kg/hr) = _____ mL/hr (max increase 50 mL/hr every 30 min) *Maximum rate = 400 mL/hr

Nursing Orders

Weigh patient prior to infusion
Vital Signs and pulse oximetry q 15 min x2, then q30 min x2, then q1 hour during infusion; continue 1 hour post infusion
Notify provider on call if allergic reaction occurs for directions on emergency medication administration.
Call Code Blue for anaphylaxis involving breathing difficulty.
☐ CBC ☐ CMP ☐ RFP ☐ tacrolimus level ☐ UA ☐ Other: _____ ☐ Call lab results prior to starting infusion

PRN medications:

☐ Ibuprofen (10 mg/kg) = _____ mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)

☐ Acetaminophen (15 mg/kg) = _____mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)

☐ Ondansetron (0.15 mg/kg) = _____ mg (max 8 mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

☐ Diphenhydramine (1mg/kg) = _____ mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)

☐ Famotidine (0.5 mg/kg) = _____ mg (max 20 mg) IV once

☐ Methylprednisolone (2 mg/kg) =_____ mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

☐ < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = _____ mg IM once

☐ 10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once

☐ ≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Physician's Signature: _____ Date: _____ Time: _____