



Print Patient Name (Required)

DOB

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

Place Patient Barcode Here

Rituximab (or biosimilar) [1st Infusion] – Form 5200

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 1000 mg)
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 (0.5mg/kg/hour) = rate of mL/hr (max 50 mL/hr); May increase rate as tolerated q 30 min by (0.5mg/kg/hr) = mL/hr (max increase 50 mL/hr every 30 min) \*Maximum rate = 400 mL/hr

Nursing Orders

- Weigh patient prior to infusion
Monitor Vital Signs and pulse oximetry q 15 min 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:

