

(rituximab)

# RITUXAN Infusion Orders



Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Phone \_\_\_\_\_

**DIAGNOSIS:** *Please provide IDC-10 Code*

- \_\_\_\_\_ Rheumatoid Arthritis (RA)  \_\_\_\_\_ (Other)
- \_\_\_\_\_ Granulomatosis w/Polyangiitis (Wegener's granulomatosis GPA)
- \_\_\_\_\_ Microscopic Polyangiitis

**PRE-MEDICATION:**

- Tylenol 1000mg PO  Solu-Medrol 125mg IVP
- Cetirizine 10mg PO  Solu-Cortef 100mg IVP
- Diphenhydramine 25mg PO  Diphenhydramine 25mg IVP
- \_\_\_\_\_ Other  \_\_\_\_\_ Other

**RITUXAN ORDERS:**

**DOSAGE:**

- 1000 mg
- 375mg/m<sup>2</sup>

**PATIENT WEIGHT**

\_\_\_\_\_ LBS  
\_\_\_\_\_ KG

**Emergency Orders and Treatment per Specialty Infusion Center Anaphylaxis Policy**

**FREQUENCY:**

- Initial dose followed by 2<sup>nd</sup> dose on day 15 (induction for RA diagnosis)
- Single dose
- Every week for 4 weeks total
- \_\_\_\_\_ (other frequency)

**NOTES:**

**Nursing Orders**

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

**ORDERING PROVIDER:**

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Practice \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**\*\*\* PLEASE FAX COMPLETED ORDER TO SPECIALTY INFUSION CENTER 231-600-7058 \*\*\***