



Patient Name: _____

DOB: _____

Rituxan® (rituximab) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

(ICD-10)

(description)

(ICD-10)

(description)

Nursing Orders:

- Hold infusion and notify provider for:
 - Signs/symptoms of infection, planned/recent surgical procedures, recent live vaccines, new/worsening neurological or mood changes.
- If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

Pre-medications (to be administered once 30 minutes prior to infusion):

- Tylenol 1000 mg PO Solu-medrol 125 mg IVP Benadryl 25 mg IVP
 Loratadine 10 mg PO Other: _____

- Administer rituximab _____ mg
 Administer rituximab _____ mg/m² x (current BSA) _____ m² = _____ mg.
 Doses 500 mg and greater in final volume 500 ml 0.9% NS. Doses less than 500 mg in final volume 250 ml 0.9% NS
 Dose may be rounded by up to 10% to nearest 100 mg per protocol. To PROHIBIT dose rounding, check here ().

Dosing Schedule:

- Infuse on Day 0 and Day 14 Infuse on Day 0, Day 7, Day 14 and Day 21
 Other: _____

Frequency:

- Repeat dosing schedule in _____ weeks Repeat dosing schedule in _____ months
 Other: _____

Titrate infusion rates as follows (rates below calculated based on 1000 mg/500 ml concentration):

Hour	Initial Infusion		Subsequent Infusions	
			(if previously tolerated)	
0	25 ml/hr	50 mg/hr	50 ml/hr	100 mg/hr
0.5	50 ml/hr	100 mg/hr	100 ml/hr	200 mg/hr
1	75 ml/hr	150 mg/hr	150 ml/hr	300 mg/hr
1.5	100 ml/hr	200 mg/hr	200 ml/hr	400 mg/hr
2	125 ml/hr	250 mg/hr		
2.5	150 ml/hr	300 mg/hr		
3	175 ml/hr	350 mg/hr		
3.5	200 ml/hr	400 mg/hr		
Vital signs: Pre-infusion, then with each rate change (at least every 30 minutes) until complete				

Provider (please print): _____

Provider signature: _____ Date: _____