PHYSICIAN ORDERS
RITUXIMAB (RITUXAN) – RAPID INFUSION

1. **ALLERGIES/REACTIONS:**

2. **ICD-9 CODES:**

3. **CRITERIA FOR USE:**
   - Adult patients over age 18
   - CD20-positive B-cell Non-Hodgkin’s Lymphoma
   - Received and tolerated (with no symptoms and interruption with or without infusion) at least one dose of rituximab (Rituxan) in the last 90 days

4. **EXCLUSION CRITERIA:**
   - Non-Oncology indications
   - Chronic Lymphocytic Leukemia
   - Previous major infusion reactions from rituximab (Rituxan) (Grade 3 or 4 – bronchospasm with or without urticaria, edema/angioedema, hypotension, anaphylaxis)
   - Pregnancy
   - Breastfeeding
   - Dose greater than 1,000 mg

5. **DOSE:**
   - Height: ________ cm
   - Weight: ________ kg
   - BSA: ________ m²
   - RITUXIMAB (RITUXAN) 375 mg/m² or (_______ mg/m²) times ________ BSA = ________ mg

6. **PRE INFUSION LABS:**
   - □ CBC  □ CMP  □ LDH  □ Uric Acid (URIC)
   - □ Phosphate (PHOS)  □ Hepatitis Panel (acute and chronic)

7. **12 HOURS PRE RITUXIMAB (RITUXAN):**
   - □ Start Allopurinol 300 mg PO daily – consider when treating malignancies
   - □ Hold blood pressure medications 12 hours prior to rituximab (Rituxan)
   - Hydration IV:

8. **30 MINUTES PRE RITUXIMAB (RITUXAN) GIVE:**
   - ☑ Acetaminophen (Tylenol) 650 mg PO. May repeat every 4 hours PRN chills or temperature greater than 38° C.
   - ☑ Diphenhydramine (Benadryl) 50 mg PO. May repeat every 4 hours PRN chills or temperature greater than 38° C.
   - □ Methylprednisolone (Solu-Medrol) 40 mg IV times 1 dose
   - □ Dexamethasone (Decadron) 10 mg IV times 1 dose

   **LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY**

Physician Initial: ____________________
9. **RITUXIMAB (RITUXAN) ADMINISTRATION (CONCENTRATION = ____________ MG/ML):**
   **DO NOT ADMINISTER AS AN INTRAVENOUS PUSH OR BOLUS**
   - Mix total dose in 0.9% sodium chloride (Normal Saline) 500 ml; Total Volume = ____________ ml
   - Infuse over 90 minutes with 20% of the dose (__________ml) over 30 minutes and remaining 80% of the dose (__________ ml) over 60 minutes

**DO NOT INFUSE OTHER MEDICATIONS INTO THE IV LINE WITH RITUXIMAB (RITUXAN)**

10. **VITAL SIGNS:**
    - Check prior to, every 30 minutes during, and 30 minutes post infusion
    - Call physician if:
      - Systolic blood pressure less than __________ mmHg
      - Pulse greater than ______________________
      - Temperature greater than ____________ °C

11. ★ Nurse may initiate CVAD Management per Nursing Protocol #910.00
    ★ Nurse may utilize local anesthetic for CVAD access per Nursing Protocol #788
    ★ Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858
    ★ For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774
       - If mild infusion reaction occurs the patient is no longer a candidate for rapid infusion. When symptoms improve, patient will be transitioned to rituximab (Rituxan) Infusion Therapy Physician Order #615 to complete therapy.

12. **OUTPATIENTS:**
    - If stable 30 minutes post-infusion, discharge patient home on current reconciled home medications

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**NOTE:**

These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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<th>DATE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. ☐