Rituximab (RITUXAN)
Infusion Therapy Plan Orders
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Instructions to Provider
Review orders and note any changes. All orders with ☑️ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers page 2). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

☐ Pre-Service Authorization has been obtained by Kaiser Permanente Fax: 1-888-282-2685 Voice: 1-800-289-1363

Order Date: _____________

Weight: _______ kg

Diagnosis:
ICD-10 code (REQUIRED): __________________
ICD-10 description___________________________________________
........................................................................

General Plan Communication
• Infusion schedule: 2 doses of rituximab, two weeks apart; additional cycles must be ordered as a new plan.
• Special instructions/notes: __________________________________________________

Provider Information
• Patients should be screened for viral hepatitis prior to use; anti-CD20 therapy may cause reactivation of hepatitis B.
• Ensure patient has baseline HepBs Ag and HepBc AB lab orders before treatment start day.
• Ensure patient has baseline CBC, ALT, AST, Creatinine labs before treatment start day.

Infusion Therapy
☑️ ritUXibam (RITUXAN) in 0.9% sodium chloride 1 mg/mL IV infusion
  Dose: ☐ 500 mg ☐ 1,000 mg
  Route: Intravenous
  Frequency: Once on Day 1 and 15
  Infusion Rate (first dose): 50-400 mL/hr titrated. Initiate infusion rate at 50 mL/hr. Slowly increase in increments of 50 mL/hr every 30 minutes to max of 400 mL/hr if no reaction.
  Infusion Rate (second dose): 100-400 mL/hr titrated. Initiate infusion rate at 100 mL/hr. Slowly increase in increments of 100 mL/hr every 30 minutes to max of 400 mL/hr if no reaction.

If infusion-related reaction:
  1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

Note any changes to above regimen: _________________________________

Pre-Meds
☑️ acetaminophen (TYLENOL) tablet
  Dose: 650 mg Route: Oral Frequency: Once, 30 minutes prior to rituximab infusion.
  May also be given once as needed during infusion for achiness, headache, or fever.
☑️ cetirizine (ZYRTEC) tablet
  Dose: 10 mg Route: Oral
  Frequency: Once, 60 minutes prior to rituximab infusion (if not taken at home).
☑️ methylPREDNISolone sodium succinate (SOLU-MEDROL) injectable
  Dose: 125 mg Route: IV
  Frequency: Once, 30 minutes prior to rituximab infusion
☐ Other:
  Dose: __________ Route: Oral Frequency: Once, 30 minutes prior to rituximab infusion

Provider Signature: ____________________________________________ Date: _______________
Printed Name: ______________________________________ Phone: ___________ Fax: ___________
IV Line Care
- 0.9% sodium chloride infusion 250 mL
  Rate: 30 mL/hr  Route: Intravenous  Frequency: Run continuously to keep vein open
  Start peripheral IV if no central line
- heparin flush 100 unit/mL
  Dose: 500 units  Route: Intracatheter  Frequency: PRN for IV line care per Nursing Policy

Infusion Reaction Meds
- albuterol (PROVENTIL) nebulizer solution 0.083%
  Dose: 2.5 mg  Route: Nebulization  Frequency: PRN for shortness of breath/wheezing
- diphenhydRAMINE (BENADRYL) injectable
  Dose: 25 mg  Route: Intravenous  Frequency: Once PRN, May repeat x1 for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine 1 mg/mL (1:1000) injectable
  Dose: 0.3 mg  Route: Intramuscular  Frequency: Once PRN for anaphylaxis. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
  Dose: 100 mg  Route: Intravenous  Frequency: Once PRN for hypersensitivity
- meperidine (DEMEROL) injectable
  Dose: 25 mg  Route: Intravenous  Frequency: Once PRN, May repeat x1 for shaking chills or rigors. May repeat in 15 minutes if symptoms not resolved.

Nursing Orders
- RN to ensure Hep B baseline labs are done prior to first dose.
- Discontinue IV line when therapy complete and patient stabilized.

References
- RITUXAN® (rituximab) Injection for Intravenous Use Prescribing Information.

Kaiser Permanente Infusion Locations

Bellevue Medical Center
11511 NE 10th St, Bellevue, WA 98004
Fax: 425-502-3512  Phone: 425-502-3510

Capitol Hill Medical Center
201 16th Ave E, Seattle WA 98112
Fax: 206-326-2104  Phone: 206-326-3109

Olympia Medical Center
700 Lily Road N.E., Olympia, WA 98506
Fax: 360-923-7106  Phone: 360-923-7164

Riverfront Medical Center – Spokane
W 322 North River Drive, Spokane, WA 99201
Fax: 509-324-7168  Phone: 509-241-2073

Tacoma Medical Center
209 Martin Luther King Jr Way, Tacoma, WA 98405
Fax: 253-383-6262  Phone: 253-596-3666

Provider Signature: _____________________________  Date: _______________
Printed Name: _________________________________  Phone: _______________  Fax: _______________