



NON-MEDICATION ORDERS
<p><i>PRE-RITUXAN INFUSION CHECKLIST</i></p> <p>Pre-Infusion Screening (assess for S &S of infection, fever, surgery etc.)</p> <p>Contact Physician if patient has signs of an active infection prior to Rituxan</p> <p><i>VITALS</i></p> <p>Vital Signs at Baseline</p> <p>Vital Signs q 30 minutes and 30 minutes after infusion. If infusion reaction occurs, monitor vitals q10 minutes for 30 minutes and continue until reaction resolved.</p> <p><i>BLOODWORK</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>OTHER</i></p> <p>_____</p> <p>_____</p> <p>_____</p>

DRUG ALLERGIES								
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left; border-bottom: 1px solid black;">List Drug</th> <th style="text-align: left; border-bottom: 1px solid black;">Describe Reactions/Allergies</th> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> </tr> </table> <p><input type="checkbox"/> No known drug reaction/allergies</p>	List Drug	Describe Reactions/Allergies						
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<p><u>TIMING of RITUXAN INFUSION</u></p> <p><input type="checkbox"/> Give 1st dose and repeat in 15 days as tolerated (RA Protocol)</p> <p><input type="checkbox"/> Give weekly for 4 weeks (other conditions)</p> <p><u>RITUXAN INFUSION</u></p> <ul style="list-style-type: none"> • Start IV N/S TKVO • Premedicate with Acetaminophen (Tylenol®) <u>1000</u> mg PO 30- 60 minutes prior to Rituximab • Premedicate with Diphenhydramine (Benadryl®) 25- 50mg PO / IV 30- 60 minutes prior Rituximab • Premedicate with <u>100</u> mg Methylprednisolone (Solumedrol®) IV in 50ml NS over 15 minutes. Complete infusing 30 minutes prior to initiating Rituximab <p>Other: _____</p> <p><u>RITUXAN INFUSION</u></p> <p><input type="checkbox"/> Rituxan <u>1000</u> mg IV in 250 mL Normal Saline</p> <p><input type="checkbox"/> Rituxan _____ mg IV in 250 mL Normal Saline (375 mg/m²)</p> <p><i>First Infusion:</i> Start at 50mg/hr. If tolerated, increase by 50mg/hr increments q30min to a maximum of 400mg/hr. Minimum infusion time = 5hrs</p> <p><i>Second/subsequent infusions:</i> Start at 100mg/hr. If tolerated, increase rate in 100mg/hr increments q30min. to a maximum of 400mg/hr as tolerated. Minimum infusion time = 4hrs.</p> <p><u>PRN Meds</u></p> <ul style="list-style-type: none"> • Diphenhydramine (Benadryl®) 25- 50 mg IV ADC/BDC or PO q4h prn • Acetaminophen (Tylenol®) 650 mg PO q4h prn • Dimenhydrate (Gravol ®) 25-50mg IV or PO q4h prn <p><u>POST-RITUXAN INFUSION</u></p> <ul style="list-style-type: none"> • D/C IV 30-60 minutes Post Infusion • D/C Home <p>Other: _____</p>								

PHYSICIAN'S SIGNATURE	YR.	MO.	DAY	TIME
PHYSICIAN'S PRINTED NAME	AUTHORIZED PHYSICIAN'S SIGNATURE			