

Hospitalize as: Inpatient Outpatient/Observation
Diagnosis: _____ Patient Weight: _____

NOTE: ● Screen patients at each visit for active infection before any treatment is given, including TB.
If active infection present, notify physician immediately.

● Screen patient at each visit for pregnancy status. Effective contraception should be used during and for 12 months following treatment.

The following orders will be enacted unless a specific order is written to the contrary:

1. Confirm patient has held antihypertensives for 12 hours prior to infusion.
2. RN to review Medication Guide with patient prior to each treatment.
3. Live vaccinations should not be given concurrently with Rituxan.

Pre-Medication Orders (please check to activate)

- Acetaminophen 1000 mg PO
- Diphenhydramine 50mg PO

For patients with rheumatoid arthritis, Methylprednisolone is also recommended:

- Methylprednisolone 100 mg IV given 30 minutes before infusion

Administration of Rituxan (Rituximab) – All orders will be enacted unless a specific order is written to the contrary:

1) For Rheumatoid Arthritis and Relapsing–remitting Multiple Sclerosis:

- Rituxan 1000 mg IV on Day 1 and Day 15. Pharmacy will mix in 250ml IV fluid.

2) For Other Diagnoses: Please specify indication, dose, and frequency:

- Indication: _____ Rituxan: _____
Pharmacy will mix in 250ml IV fluid.

- **First infusion:** infuse Rituxan at initial rate of 50 mg/hr. If no hypersensitivity or infusion reaction occurs, increase the infusion rate by 50 mg/hr increments at 30 minute intervals. Maximum infusion rate is 400 mg/hr.
- **Subsequent Infusions:** If the patient tolerated the first infusion well, infuse Rituxan solution at an initial rate of 100 mg/hr. If no hypersensitivity or infusion reaction occurs, increase the infusion rate by 100 mg/hr increments at 30 minute intervals as tolerated. Maximum infusion rate is 400 mg/hr.
- If hypersensitivity or an infusion reaction develops, slow or interrupt the infusion. When the symptoms improve, the infusion can continue at one-half the previous rate.

3) Infusion reaction protocol:

For **MINOR** infusion reaction (fever, flushing, chills):

- Stop infusion for 10 minutes
- Restart infusion at one half the previous rate once symptoms have resolved.

For **MODERATE** infusion reaction (pruritis, urticaria, arthralgia, rash, nausea/vomiting):

- STOP infusion
- Give diphenhydramine 25mg IV x 1. May repeat X 1 in 10 minutes if reaction does not subside.
- Restart infusion at one half the previous rate only when patient is asymptomatic and vital signs are stable.
- Notify physician

For **SEVERE** infusion reaction or anaphylaxis (hypotension, hypertension, chest pain, dyspnea, wheezing, palpitations):

- **STOP administration of Rituxan immediately**
- For **ANAPHYLAXIS:** Epinephrine (EpiPen) 0.3 mg (0.3 ml) IM x 1 STAT, administered in anterolateral aspect of the thigh
- For **HYPOTENSION:** Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Diphenhydramine (Benadryl) 25mg IV X 1 dose
- Methylprednisolone (Solu-Medrol) 125 mg IV x 1 dose
- Notify physician
- Transport the patient to the emergency department

Physician Signature

Date / Time

Wentworth–Douglass Hospital
PHYSICIAN ORDERS

Rituxan (Rituximab)
Infusion Therapy Center



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