



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Rituximab (or biosimilar) [1st Infusion]

Admit to: Inpatient Outpatient Observation Infusion Dates:

- Port Broviac PICC Place Peripheral IV
Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen (15mg/kg) = mg PO (max dose 650mg)
Diphenhydramine (1mg/kg) = mg IV or PO (max dose 50mg)
Hydrocortisone (1mg/kg) = mg IV (max dose 100mg)
Methylprednisolone = mg IV (max dose 1000 mg) over min

Select Product to infuse (per insurance approval):

- Rituxan (rituximab) Truxima (rituximab-abbs) Ruxience (rituximab-pvvr)

Dose: (375 mg/m2) = mg in NS for a total volume of (1mg/mL) = mL IV once

Rate: Begin IV infusion at (0.5mg/kg/hour) = rate of mL/hr (max 50 mL/hr)
May increase rate as tolerated q 30 min by (0.5mg/kg/hr) = mL/hr
(max increase 50 mL/hr every 30 min) \*Maximum rate = 400 mL/hr

Nursing Orders

- Weigh patient prior to infusion
Monitor Vital Signs and pulse oximetry q 15 min during infusion; continue 1 hour post infusion.
Notify provider on call if allergic reaction occurs for directions on emergency medication administration.
Call Code Blue for anaphylaxis involving breathing difficulty.
CBC CMP RFP tacrolimus level UA Other:
Call lab results prior to starting infusion

Pharmacy please supply the following medications to have at bedside for anaphylactic reaction:

- < 10 kg: Epinephrine 1 mg/mL 0.01 mg/kg = mg IM
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM
>= 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM
Diphenhydramine (50mg/mL) give 1 mg/kg = mg (Max dose 50 mg) IV
Hydrocortisone (100mg/2mL) give 1mg/kg = mg (Max dose 100mg IV

Physician's Signature: Date: Time:

Printed Name: