



Print Patient Name (Required)

DOB

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

Place Patient Barcode Here

Rituximab [Subsequent Infusions] – Form 5205

Admit to: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation	Date: _____
<input type="checkbox"/> Port <input type="checkbox"/> Broviac <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral <input type="checkbox"/> Normal Saline/Heparin flush per protocol	
Premedications for Rituximab	
<input type="checkbox"/> Acetaminophen (15mg/kg) = _____ mg PO (max dose 650mg) <input type="checkbox"/> Diphenhydramine (1mg/kg) = _____ mg IV or PO (max dose 50mg) <input type="checkbox"/> Hydrocortisone (1mg/kg) = _____ mg IV (max dose 100mg) <input type="checkbox"/> Other: _____	

	Rituximab to be given on ___/___/_____ Rituximab (375 mg/m ²) = _____ mg in NS for a total volume of (1mg/mL) = _____ mL Begin IV infusion at (1mg/kg/hour) = rate of _____ mL/hr <ul style="list-style-type: none"> • Must not exceed 50mL/hr for 1st hour May increase rate as tolerated q 30 min by (1mg/kg/hr) = _____ mL/hr <ul style="list-style-type: none"> • Max increase 50mL/hr every 30 min • Maximum rate = 400mL/hr <p style="text-align: center;">Nursing Orders</p> <table border="1" style="width: 100%;"> <tr> <td>Monitor Vital Signs and pulse oximetry q 15 min x2, then q30 min x2, then q1 hour during infusion.</td> </tr> <tr> <td>Follow Hazardous Medication Policy.</td> </tr> <tr> <td>Notify provider on call if allergic reaction occurs for directions on emergency medication administration.</td> </tr> <tr> <td>Call Code Blue for anaphylaxis involving breathing difficulty.</td> </tr> <tr> <td>Monitor patient and obtain VS 1 hour after completion of Rituximab infusion.</td> </tr> </table> <p>Pharmacy please supply the following medications to have at bedside: Epinephrine 1:10,000 (0.1mg/mL) give 0.01mg/kg IV = _____ mg Diphenhydramine (50mg/mL) give 1 mg/kg IV = _____ mg (Max dose 50 mg) Hydrocortisone (100mg/2mL) give 1mg/kg IV = _____ mg (Max dose 100mg)</p>	Monitor Vital Signs and pulse oximetry q 15 min x2, then q30 min x2, then q1 hour during infusion.	Follow Hazardous Medication Policy.	Notify provider on call if allergic reaction occurs for directions on emergency medication administration.	Call Code Blue for anaphylaxis involving breathing difficulty.	Monitor patient and obtain VS 1 hour after completion of Rituximab infusion.
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Notify provider on call if allergic reaction occurs for directions on emergency medication administration.						
Call Code Blue for anaphylaxis involving breathing difficulty.						
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Physician's Signature: _____ Date: _____ Time: _____

Printed Name: _____