



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the ☒ to remove the pre-checked option.

## RITUXIMAB OR BIOSIMILAR (RITUXAN, RUXIENCE, OR TRUXIMA) INFUSION (AUTO-IMMUNE DISORDERS) [11500390]

### Therapy Plan To Be Used In Infusion Center

Infusion Center Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Supportive Care	Interval
<input type="checkbox"/> RITUXIMAB-ABBS (TRUXIMA) 1 MG/ML INFUSION	Route: _____
<i>Starting when released, For 1 dose, Initial infusion: Start rate of 50ml/hr, if no reaction, increase rate by 50ml/hour increments every 30 minutes, to a maximum rate of 400ml/hour. If no reaction during 1st infusion, subsequent infusion may start at 100ml/hr and increase by 100ml/hr every 30 mins as tolerated. Max 400ml/hr. Dose _____ Frequency _____</i>	
<input type="checkbox"/> RITUXIMAB ACCELERATED INFUSION	Route: _____
<i>Starting when released, For 1 dose, Infuse 20% of the dose over 30 minutes, then follow with 80% of the dose over 60 minutes. Pharmacist must provide detailed infusion rates using mL/hr in this field before nursing is to administer. Dose _____ Frequency _____</i>	
<input type="checkbox"/> RITUXIMAB INFUSION 1 MG/ML	Route: _____
<i>Starting when released, For 1 dose, Initial infusion: Start rate of 50ml/hour, if no reaction, increase the rate by 50ml/hour increments every 30 minutes, to a maximum rate of 400ml/hour. If no reaction during 1st infusion, subsequent infusion may start at 100ml/hr and increase by 100ml/hr every 30 mins as tolerated. Max 400ml/hr. Dose _____ Frequency _____</i>	
<input type="checkbox"/> RITUXIMAB-PVVR (RUXIENCE) ACCELERATED INFUSION	Route: _____
<i>Starting when released, For 1 dose, Infuse 20% of the dose over 30 minutes, then follow with 80% of the dose over 60 minutes. Pharmacist must provide detailed infusion rates using mL/hr in this field before nursing is to administer. Dose _____ Frequency _____</i>	
<input type="checkbox"/> RITUXIMAB-PVVR (RUXIENCE) INFUSION 1 MG/ML	Route: _____
<i>Starting when released, For 1 dose, Initial infusion: Start rate of 50ml/hour, if no reaction, increase the rate by 50ml/hour increments every 30 minutes, to a maximum rate of 400ml/hour. If no reaction during 1st infusion, subsequent infusion may start at 100ml/hr and increase by 100ml/hr every 30 mins as tolerated. Max 400ml/hr. Dose _____ Frequency _____</i>	
<input type="checkbox"/> RITUXIMAB-ABBS (TRUXIMA) ACCELERATED INFUSION	Route: _____
<i>Starting when released, For 1 dose, Infuse 20% of the dose over 30 minutes, then follow with 80% of the dose over 60 minutes. Pharmacist must provide detailed infusion rates using mL/hr in this field before nursing is to administer. Dose _____ Frequency _____</i>	

Provider Communication Orders	Interval
<input type="checkbox"/> Physician Communication	Once
<i>Starting when released Order one CBC with Differential, Hepatitis B surface antigen, and Hepatitis B core antibody prior to patient beginning treatment.,</i>	

Provider Signature	EHR User ID	Date	Time
Print Provider Name			

Initials

Place Patient Label Here

☐ Provider Communication Once

*Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.,*

**Pre-Medications**

**Interval**

☐ acetaminophen (TYLENOL) tablet 650 mg Every visit Route: Oral  
*Once , For 1 dose, Administer 30 minutes prior to infusion.*

☐ loratadine (CLARITIN) tablet 10 mg Every visit Route: Oral  
*Once Starting when released, For 1 dose, Administer 30 minutes prior to infusion.*

☐ methylPREDNISolone sodium succinate (Solu-MEDROL) injection 100 mg Every visit Route: IV  
*Once Starting when released, For 1 dose, Administer 30 minutes prior to infusion.*

**Nursing Orders**

**Interval**

☐ Insert peripheral IV PRN  
*Starting when released*

☐ Access & Use Central Line/CVAD PRN  
*Starting when released Access vascular device and confirm patency.,*

☐ Access & Use Central Line/CVAD PRN  
*Starting when released Access vascular device and confirm patency.,*

☐ sodium chloride (NS) flush 10 mL PRN Route: IV  
*Line Care, Starting when released*

☐ Initiate Central Line (Non-PICC) Maintenance Protocol PRN  
*Starting when released*

☐ Initiate PICC Maintenance Protocol PRN  
*Starting when released*

☐ sodium chloride 0.9 % injection 10 mL PRN Route: IV  
*Other, Line Care before and after medication administration, at discharge, and at de-access, Starting when released*

☐ Nursing Communication PRN  
*Starting when released Change PICC line dressing weekly and as needed.,*

☐ sodium chloride 0.9 % injection 20 mL PRN Route: IV  
*Other, Line Care post lab draw, Starting when released*

☐ sodium chloride 0.9 % injection 10 mL PRN Route: IV  
*Other, Line Care before and after medication administration, at discharge, and at de-access, Starting when released*

☐ heparin, porcine (PF) 100 unit/mL flush 500 Units PRN Route: IV  
*Line Care, for de-access, Starting when released*

☐ sodium chloride 0.9 % injection 20 mL PRN Route: IV  
*Other, Line Care post lab draw, Starting when released*

Provider Signature

EHR User ID

Date

Time

Print Provider Name

Initials

Place Patient Label Here

☐ alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

*Other, Line care, Starting when released, For 2 dose, Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.*

☐ alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

*Other, Line Care, Starting when released, For 2 dose, Reconstitute with 2.2 mL Sterile Water to the vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix by gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Instill medication in non-functional lumen. Do not use lumen while dwelling. Allow to dwell 30 minutes and check for patency by drawing back on lumen for blood return. If line is still not patent, allow medication to dwell an additional 90 minutes. Dwell time not to exceed 120 min. Use second dose of Alteplase (Cathflo) if catheter not patent after 120 min. If the catheter is functional, aspirate and waste the medication and residual clot prior to flushing the line.*

**PRN Medications**

**Interval**

☐ sodium chloride (NS) flush 10 mL PRN Route: IV

*10 mL As Needed IV Line Care, Starting when released*

☐ sodium chloride 0.9 % bolus 500 mL PRN Route: IV

*500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)*

**Emergency Medications**

**Interval**

☐ ketorolac (TORADOL) injection 30 mg PRN Route: IV

*30 mg Once As Needed IV Other, Rigors, Starting when released, For 1 dose*

☐ diphenhydramine (BENADRYL) injection 25-50 mg PRN Route: IV

*25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IV dose for a total of 50 mg, and notify provider*

☐ albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation

*2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.*

☐ methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg PRN Route: IV

*125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose*

☐ EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular

*0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes ( $\geq 40$  points in SBP), shortness of breath with wheezing and O2Sat  $<90\%$ ), and notify provider, For 1 dose*

Provider Signature

EHR User ID

Date

Time

Print Provider Name

Initials

Place Patient Label Here