PeaceHealth

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

RITUXIMAB OR BIOSIMILAR (RITUXAN, RUXIENCE, OR TRUXIMA) INFUSION (AUTO-IMMUNE DISORDERS) [11500390]
Columbia Network Infusion Centers

Select Location: o Southwest/Vancouver o St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

x ***I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.***

Pre-Screening Labs

x Provider Communication

Provider to send Hep B screening lab results with completed orders.

Pre-Medications	Interval	
x acetaminophen (TYLENOL) tablet 650 mg	Every Visit	Route: Oral
x diphenhydrAMINE (BENADRYL) capsule 25 mg	Every Visit	Route: Oral
o loratadine (CLARITIN) tablet 10 mg	Every Visit	Route: Oral
o methylPREDNISolone sodium succinate (Solu-MEDROL) injection 100 mg	Every Visit	Route: IV

Supportive Care — Interval

PLEASE SELECT (AND OBTAIN INSURANCE AUTHORIZATION IF REQUIRED) FOR ONE OF THE PEACEHEALTH PREFERRED AGENTS BELOW. THEY ARE LISTED IN ORDER OF PREFERENCE.

o RITUXIMAB (RITUXAN) 1 MG/ML INFUSION — Route: IV

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*** _____

o RITUXIMAB-ABBS (TRUXIMA) 1 MG/ML INFUSION — Route: IV

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*** _____

o RITUXIMAB-PVVR (RUXIENCE) 1 MG/ML INFUSION — Route: IV

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*** _____

Provider Signature Date Time

Provider's Printed Name:

Place Patient Label Here

Nursing Orders	Interval
x Nursing Communication	PRN

SECOND INFUSION - May consider accelerated infusion if the following criteria are met:
-aged 18 years and above
-must have had the previous dose of rituximab within the last six months
-dose must be 375 mg/m2 or less, or 1000 mg or less if using a fixed dose
-no grade 3 or higher infusion related reaction with previous doses
-no history of CHF
-no history of ventricular arrhythmia
-no history of myocardial infarction
-no uncontrolled hypertension

Vascular Access (single select)	Interval

o IV — Every Visit
- Insert peripheral IV
- sodium chloride (NS) flush 10 mL
  10 mL As Needed for Line Care

o Central line (non-PICC) — Every Visit
- Access vascular device and confirm patency
- Initiate Central line (non-PICC) maintenance protocol
- sodium chloride (NS) flush 10 mL
  10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
  10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
  20 mL As Needed for Line Care post lab draw PRN
- sodium chloride (NS) flush 10 mL
  10 mL for Line Care at discharge and de-access every visit
- heparin 100 units/mL 5 mL
  5 mL for de-access PRN
- alteplase (CATHFLO) injection 2 mg
  Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

o PICC line — Every Visit
- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
  Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL
  10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
  10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
  20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg
  Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Provider Signature Date Time

Provider's Printed Name:

PRN Medications	Interval	
o sodium chloride (NS) flush 10 mL ***10 mL As Needed for Line Care***	PRN	Route: IV
o sodium chloride 0.9 % bolus 500 mL ***500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)***	PRN	Route: IV

Emergency Medications	Interval	
o ketorolac (TORADOL) injection 30 mg ***30 mg Once As Needed for Rigors***	PRN	Route: IV
x diphenhydrAMINE (BENADRYL) injection 25-50 mg ***25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis). 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 25 mg IV dose for a total of 50 mg, and contact provider.***	PRN	Route: IV
x albuterol 90 mcg/actuation inhaler 2 puff ***2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.***	PRN	Route: Inhalation
x methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg ***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 (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.***	PRN	Route: IV
x EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg ***0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.***	PRN	Route: Intramuscular

Provider Signature Date Time

Provider's Printed Name: