



Cottage Grove Infusion
1515 Village Drive
Cottage Grove, OR 97424
Phone 541-767-5447 Fax 541-767-5399 & 541-434-3164

RIUXIMAB (Rituxan) INFUSION (v. 05/14/2026)

* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Diagnosis/Indication (ICD-10): _____

Medication:

- .. Rituximab 500 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 6 months
- .. Rituximab 1000 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 6 months
- .. Rituximab 1000 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 2 weeks x 2 doses
- .. Rituximab _____ mg mixed with 0.9% sodium chloride for a final concentration of 1 mg/mL every _____ weeks
- Normal saline 500 mL bag, infuse 125 ml/hr IV as needed for infusion reaction

* Infuse per Oregon Network Regional infusion Center Guidelines.

Default product Rituxan. If different product required by insurance please indicate here: _____

Pre-medications:

- Acetaminophen 650 mg PO once 30 minutes before infusion
- Loratadine 10 mg PO once 30 minutes before infusion
- Methylprednisolone (Solu-Medrol) 100 mg IV once 30 minutes before infusion

Nursing communications:

- Vital signs: Initial, with rate change and prn

Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____



Riverbend Medical Center Regional Infusion Center (RIC)
3377 Riverbend Drive Suite 502/510
Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

- **Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic).**
 - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- **MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.**
- **Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.**
- **Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.**

Patient name: _____

DOB: _____

Height _____ Weight _____

Provider printed name: _____

Provider signature: _____

Date: _____ Time: _____