

## MEDICATION ORDER FORM

Rituximab (Rituxan®)	
Patient's Surname	Given Name & Initials
Date of Birth ____ / ____ / ____ dd      mm      yyyy	
Referring Physician	
Patient's Height: _____ cm	Cycle: .....
Weight: _____ kg	
BSA: _____ m <sup>2</sup>	
<b>Pre-Medication</b>	
<input type="checkbox"/> Acetaminophen 650 mg PO 30-60 minutes pre-rituximab <input type="checkbox"/> Diphenhydramine 50 mg PO/IV 30-60 minutes pre-rituximab <input type="checkbox"/> Other .....	
<ul style="list-style-type: none"> <li>▪ Hydration/IV solution: NS TKVO on day 1 of each cycle</li> <li>▪ Monitor vitals (BP, pulse, respiration, temperature) every 15 mins. For the 1<sup>st</sup> hour or until stable and then every hour until infusion completed. Have an adverse reaction kit available. Keep IV line in and observe Pt for 1 hr after end of infusion. If complications occur during infusion, observe patient for 2 hrs. after the end of infusion. If Pt experiences transient fevers or rigors during infusion, STOP infusion and observe. Inform physician and treat as ordered. Once stable, restart infusion at ONE-HALF the previous rate.</li> </ul>	
<b>Medication prescribed:</b>	
<input type="checkbox"/> Rituximab ..... mg (375 mg/m <sup>2</sup> ) IV in NS (1 mg/mL) weekly for 4 weeks  <b>Or</b> <input type="checkbox"/> Rituximab .....mg (375 mg/m <sup>2</sup> or.....mg/m <sup>2</sup> ) IV in NS (1 mg/mL) q .....days (Please circle or indicate desired dose)  <b>Or</b> <input type="checkbox"/> Rituximab (Rituxan®) 1000 mg IV in NS (1 mg/mL) on Days 1 and 15. (Scheduling may dictate slight variation from day15)	
<b>Please note: If treatment administered on q 3 wkly schedule a new medical order form is required each cycle.</b>	
<b>Scheduling (For Provis Use Only)</b>	
Tx 1: _____	Tx 2: _____
Tx 3: _____ (if necessary)	Tx 4: _____ (if necessary)
<b>Referring Physician's Signature</b>	
____ / ____ / ____ dd      mm      yyyy	
<b>Signature of Provis Physician</b>	
____ / ____ / ____ dd      mm      yyyy	
<b>Fax completed form to: 416-532-3635</b>	



**Information for Physicians**  
regarding  
**Rituxan® (Rituximab) Infusion at Provis Infusion Clinic**

We would like to make the coordination of systemic therapy at the Provis Clinic and your facility as easy and seamless as possible for both you and your patient.

Rituxan® infusions are given by variable schedules and doses depending upon indication.

1. In all cases a CBC and chemistry are required within 2 weeks of commencing Rituxan®. In some instances high circulating white cell counts may alter planned schedule or date of initiation of Rituxan®.
2. Where there exist significant co-morbidities or high white cell counts, direct communication with the Provis Medical Director is important.

If there are any questions or concerns, please do not hesitate to contact our office at Tel. 416-595-0500.

*The Provis Team*