

The Infusion Suite
Falls Church*Alexandria*Lorton*Bethesda
Phone (703) 313-9111
Fax (703) 531-0020

Rituxan Orders/Anaphylaxis Orders

Today's Date:

Patient Name:	DOB:
Diagnosis: Rheumatoid Arthritis ICD-9 _____	Weight: lbs/kg

Rituxan 100mg/10ml Dosage: 1000mg IV

Infuse over: 4-5 hrs
 start infusion @ 50mg/hr, titrate up Q 30 min by 50mg/hr, not to exceed 400mg/hr

Frequency: Two visits: Day 0 and 2wks
 Then Q 6months
 Other _____

Nursing Orders:

Dilute in 500ml 0.9%NS
Include 1.2micron(or smaller) in-line filter
Flush with 0.9%NS pre and post infusion, as needed
Do not infuse other medications in IV line with Rituxan.
Check vital signs every 30min and call if:
Systolic BP<_____ Pulse>_____ OR Temp>_____

Pre-Medication Orders:

Check medications prescribed:
acetaminophen 650mg PO 30minutes prior to start of infusion
diphenhydramine 50mg PO/IV 30 minutes prior to start of infusion
Solumedrol 100mg IV 30 min prior to start of infusion
Other _____

Anaphylaxis Orders:

Stop infusion
Start NS @ TKO
For anaphylactic reaction, activate EMS 911
Notify physician of type reaction and action plan
Verbal report and transfer care to EMS if applicable

Check Medication prescribed:

Epinephrine 1mg/ml 0.5ml-1ml SQ. Start w/lower dosage and may repeat in 3-5minutes
Diphenhydramine 50mg slow IVP PRN for urticaris, pruritis, SOB, administer IM if there is no IV access
Solumedrol 100mg slow IV push PRN for urticaria, pruritis, SOB. Administer IM if there is no IV access.

Physician Signature

Date