3-Hole 1/4 1 3/8 c-to-c

RITUXAN (RITUXIMAB™) ORDER SHEET

Orders Provider

Diagnosis: _____

Allergies: _____

*Ht _____ inches
*Wt _____ lbs
*M² _____

Laboratory Testing: (To be performed with Initial Rituxan dose & maintenance Rituxan doses)

❑ CBC-D ❑ CMP ❑ ESR ❑ C-RP

❑ Other: _____

Pre-Medication Orders: Circle Dosage & Route of Administration

❑ Acetaminophen [TYLENOL]	650 mg	1000 mg	P.O.
❑ Diphenhydramine [BENADRYL]	25 mg	50 mg	IVP (Repeat 1 hr after start of infusion)
❑ Methylprednisolone [SOLU-MEDROL]	125 mg	_____ mg	IVP
❑ Cimetidine [TAGAMET]	400 mg	_____ mg	P.O.
❑ Fexofenadine [ALLEGRA]	180 mg	_____ mg	P.O.

❑ No Premedications ❑ **Other:** _____

❑ **Schedule 1:**

Initial dose: _____ mg or_____ mg/m² - give on or about _____ (date)
Second dose: _____ mg or_____ mg/m² - give _____ (circle) wks / months after initial dose
Repeat the above schedule every_____ (circle) wks / months

❑ **Schedule 2:**

Initial dose: _____ mg or_____ mg/m² - give on or about _____ (date)
Second dose: _____ mg or_____ mg/m² - give on or about _____ (date)
Third dose: _____ mg or_____ mg/m² - give on or about _____ (date)
Fourth dose: _____ mg or_____ mg/m² - give on or about _____ (date)

❑ **No Maintenance doses**
❑ **Maintenance dose(s): _____ mg every _____ weeks until discontinued**

Administration:

❑ **Follow Current Protocol** (Manufacturer's Guidelines)
Initial: Titration from 50 mg/hr → 400 mg/hr over 210 min (total infusion time approx: 4 hr)
Subsequent: Titration from 100 mg/hr → 400 mg/hr over 90 min (total infusion time approx: 3hr)

Required Entry: (Check One)

❑ Call me for management of Medication Reactions (M.D. Phone number) _____

OR

❑ Have Infusion Center Physician manage any medication reactions, including PRN medications.

Signature: _____
Printed Name/ID#: _____
Date: _____ Time: _____

Renewals or changes:

_____ Signature: _____ Date: _____ Time: _____
_____ Signature: _____ Date: _____ Time: _____
_____ Signature: _____ Date: _____ Time: _____
_____ Signature: _____ Date: _____ Time: _____

PATIENT IDENTIFICATION

PRESBYTERIAN
Presbyterian Infusion Center