



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85049-001NS Rev. 3/2021

### Rituximab (RITUXAN) (Nephrology) Infusion Therapy Plan

#### Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)
 NKDA - No Known Drug Allergies     Allergies: \_\_\_\_\_

#### Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ unknown

Treatment should begin:     as soon as possible (within a week)     within the month**\*\*Plans must be reviewed / re-ordered at least annually. \*\***

#### ORDERS TO BE COMPLETED FOR EACH THERAPY

##### ADMIT ORDERS

 Height and weight Vital signs

##### Hypotension Defined Admit

 Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

#### PREGNANCY TESTS AT DALLAS AND PLANO

##### Nursing communication

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

 Patient requires a pregnancy test (based on organizational policy, female patients over 10 require a pregnancy test)

##### Pregnancy test, urine - POC

STAT, ONE TIME, for females &gt; 10 years old. If positive, do NOT infuse and contact the ordering provider.

##### Gonadotropin chorionic (HCG) urine

STAT, ONE TIME, unit collect, for females &gt; 10 years old. If positive, do NOT infuse and contact ordering provider.

Please select all appropriate therapy

#### IV START NURSING ORDERS

 Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85049-001NS Rev. 3/2021

**Rituximab (RITUXAN) (Nephrology)  
Infusion Therapy Plan**

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**NURSING ORDERS, CONTINUED**

Please select all appropriate therapy

**lidocaine 1% BUFFERED (J-TIP LIDOCAINE)**

0.2 mL, INTRADERMAL, PRN

when immediate procedure needed     when procedure will take about 1 minute     patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets  $\leq$  20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

**lidocaine - prilocaine (EMLA) cream**

TOPICAL, PRN

when more than 60 minutes are available before procedure     when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

**lidocaine - tetracaine (SYNERA) patch**

TOPICAL, PRN

when 20 - 30 minutes are available before procedure     when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface     patient / family preference for procedure

**lidocaine with transparent dressing 4% kit**

TOPICAL, PRN

when 20 - 30 minutes are available before procedure     when procedure will take more than 1 hour

patient / family preference for procedure

**Heparin flush**

**heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

**heparin flush**

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

**Sodium chloride flush**

**Sodium chloride flush 0.9% injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

**Sodium chloride - preservative free 0.9% injection**

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

**PRE-PROCEDURE LABS**

**Complete Blood Count With Differential**  
Unit collect

**INTERVAL: Every visit DEFER UNTIL: \_\_\_\_\_ DURATION: For 4 treatments**



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85049-001NS Rev. 3/2021

**Rituximab (RITUXAN) (Nephrology)  
Infusion Therapy Plan**

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**PRE-MEDICATIONS**

- Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)**

**Nursing communication**

Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

**acetaminophen suspension**

15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**acetaminophen tablet**

15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

- Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)**

**Nursing communication**

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

**diphenhydrAMINE liquid**

1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**diphenhydrAMINE capsule**

1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

- methyIPREDNISolone RTA infusion**

2 mg / kg INTRAVENOUS, for 1 dose. Give 30 minutes prior to riTUXimAB Ready to administer by IV infusion. Doses > 15 mg / kg should be given over a minimum of 1 hour. (see protocol for monitoring parameters.)

**Dose:** \_\_\_\_\_

**INTRA-PROCEDURE**

- Nursing communication**

Adverse reactions may include fever, chills, rigors, hypotension and severe allergic reactions (anaphylaxis)

- Vital signs**

Obtain baseline vitals prior to start of riTUXimab infusion. Then monitor vitals 15 minutes after initiation of the infusion and 15 minutes after each rate change. Check vitals at the completion of the infusion and observe post infusion based on patient status.

- Nursing communication**

In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and the provider notified.

Initial infusion	first hour infusion rate	0.5 mg / kg / hr	maximum rate: 50 mg / hr
	if no infusion related events observed after 60 minutes	Increase rate by 1 mg / kg / hr	maximum rate: 100 mg / hr
	if no infusion related events observed after 30 minutes	Increase rate by 0.5 mg / kg / hr	maximum rate: 400 mg / hr
Subsequent infusion	first hour infusion rate	1 mg / kg / hr	maximum rate: 100 mg / hr
	if no infusion related events are observed after 30 minutes	Increase rate by 1 mg / kg / hr	maximum rate: 400 mg / hr



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85049-001NS Rev. 3/2021

**Rituximab (RITUXAN) (Nephrology)  
Infusion Therapy Plan**

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**INTRA-PROCEDURE, CONTINUED**

**Physician communication order**

Please round riTUXimab dose, if clinically acceptable, to nearest 100 mg to minimize waste. Dose regimen of riTUXimab: 375 mg / m<sup>2</sup> every week x 4 doses (maximum doze 1,000 mg). Please enter the dose of riTUXimab in 'mg' to facilitate prior authorization requirements.

riTUXimab in sodium chloride 0.9% infusion INTERVAL: 1 time a week DEFER UNTIL: \_\_\_\_\_ DURATION: For 4 treatments

Dose: \_\_\_\_\_

Initial infusion	first hour infusion rate	0.5 mg / kg / hr	maximum rate: 50 mg / hr
	if no infusion related events observed after 60 minutes	Increase rate by 1 mg / kg / hr	maximum rate: 100 mg / hr
	if no infusion related events observed after 30 minutes	Increase rate by 0.5 mg / kg / hr	maximum rate: 400 mg / hr
Subsequent infusion	first hour infusion rate	1 mg / kg / hr	maximum rate: 100 mg / hr
	if no infusion related events are observed after 30 minutes	Increase rate by 1 mg / kg / hr	maximum rate: 400 mg / hr

**Therapy Appointment Request**

Please select department for the therapy appointment request:

Expires in 365 days

- Dallas Special Procedures     Plano Infusion Center     Dallas Allergy     Dallas Transplant     Dallas Neurology

**EMERGENCY MEDICATIONS**

**Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement

**PATIENT IS HAVING A DRUG REACTION:**

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

**PATIENT IS HAVING ANAPHYLAXIS:**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

**Hypotension is Defined as Follows:**

1 month to 1 year – systolic blood pressure (SBP) less than 70  
 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)  
 11 years to 17 years – systolic blood pressure (SBP) less than 90  
 OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.  
 Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85049-001NS Rev. 3/2021

**Rituximab (RITUXAN) (Nephrology)  
Infusion Therapy Plan**

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**EMERGENCY MEDICATION, CONTINUED**

**EPINEPHrine Injection Orderable For Therapy Plan  
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

**Dose:** \_\_\_\_\_

**Cardio / Respiratory Monitoring  
Rationale for Monitoring: High risk patient (please specify risk)**

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply):  Heart rate  Oxygen saturation  Respiratory rate

Telemetry Required:  Yes  No

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

**Albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

**Dose:** \_\_\_\_\_

**POST - PROCEDURE**

**Nursing communication**

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.

Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.

Discontinue PIV prior to discharge.

**Sodium chloride 0.9% infusion**

INTRAVENOUS at 0 - 25 mL / hr, ONCE, for 1 dose.

**Dose:** \_\_\_\_\_

Signature of Provider	(circle one): MD    DO	Date	Time
Printed Name of Provider	Credentials		