

Rituximab (Ruxience, Trusima, Riabni) Order Set

Phone (616) 394-3547

 = Optional Order = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

Fax (616) 394-2139

ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

 Hepatitis B Test Result: _____ Test Date: _____ **Initial Hepatitis B Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

- Provider responsible for evaluating pregnancy status in patients who may be pregnant prior to treatment

PRE-MEDICATIONS

- Acetaminophen - 650 mg, Oral: To be given 30 minutes prior to each infusion.
- diphenhydramine - 25 mg, Oral: To be given 30 minutes prior to each infusion.
- SOLU-Medrol - 125 mg, IV Push: To be given prior to each infusion.

MEDICATIONS

- riTUXimab-pvvr (Ruxience) IVPB _____ mg, IVPB, Frequency _____
- riTUXimab-abbs (Trusima) IVPB _____ mg, IVPB, Frequency _____
- riTUXimab-arrx (Riabni) IVPB _____ mg, IVPB, Frequency _____

COMMUNICATION ORDERS

- Initial infusion: Start infusion at a rate of 50 mg/hour; if there is no infusion-related reaction, increase the rate by 50 mg/hour increments every 30 minutes, to a maximum rate of 400 mg/hour.
- Subsequent infusions: If patient tolerated initial infusion, start at 100 mg/hour; if there is no infusion-related reaction, increase the rate by 100 mg/hour increments every 30 minutes, to a max rate of 400 mg/hour.
- Perform cardiac monitoring during & after rituximab infusion in rheumatoid arthritis patients & in pts with preexisting cardiac disease, a history of arrhythmia or angina, or if clinically significant arrhythmias.
- Perform vital checks every 30 minutes until completion of infusion.
- Ensure that the patient has taken the pre-medications, if any.

Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
 - Albuterol HFA - 2 puff(s), Inhale, As Indicated.: As needed for infusion reactions
 - Famotidine - 20 mg, IV Push, As Indicated. Comments: As needed for infusion reactions
- Place O2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

