PENNSTATE HERSHEY
Cancer Institute

REVISED: August 2012

Cladribine + Rituximab

(Cycle 1) (page 1 of 2)

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site _____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Consent Obtained ?
   ☐ Yes : ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart
   ☐ No: Plan: _____
2. Infusion Room General Order Set will be initiated
3. Premedications: **Ondansetron 8mg orally 30 minutes prior to chemo daily for five days**
4. **Chemotherapy dose calculation:**
   Cladribine 5 mg/m^2= _____ mg given IV daily x 5 days, day 1-5 over 2 hours
   Rituximab 375 mg/m^2 =_____mg IV*
   *(Infuse initial dose of rituximab before chemotherapy at 50mg/hr x 30 minutes. If tolerated without symptoms, increase infusion rate by 50mg/hr every 30 minutes to a maximum of 400mg/hr. Subsequent doses of rituximab infusions may begin @ 100mg/hr for the first 30 minutes then increase rate by 100mg/hr every 30 minutes to maximum rate of 400mg/hr). When one rituximab infusion is well tolerated (RN assessment: patient comfortable, no rigors, hypotension, urticaria or shortness of breath), thereafter Mix rituximab dose in 250 ml normal saline and infuse first 50 ml over 30 minutes, and remainder of rituximab over 60 minutes. Blood 2004; 104; p394a
5. If any symptoms occur, hold infusion, start NS at 100/ml. Give s appropriate and call MD:
   Meperidine 25 mg IV push for rigors, may repeat once if no improvement in 10 minutes
   Diphenhydramine 25 mg IV push for urticaria/swelling, may repeat once if no relief in 10 minutes
   Dexamethasone 20 mg IV for stridor, new wheezing or patient complaining of difficulty breathing
6. Subsequent Doses: Patient to be seen prior to each cycle by MD, orders will be written for each.

Physician/Preparer's Signature _____

Attending signature _____

Does dose to be given vary from calculated 100% dose?
☐ No
☐ Yes
Give _____ % of full dose.
This should be the dose written in the grid.
Reason: _____
_____
_____

Planned events for next cycle:
_____
_____
_____
__

Day # (Cycle)	**1** ( )	**2** ( )	**3** ( )	**4** ( )	**5** ( )	**6** ( )
Date						
Weight/BSA						
Wbc/ANC						
Hb/Hct						
Platelets						
Bun/Creat						
Cladribine mg						
Rituximab mg						
Volume for rituximab (circle one)	Standard					
(Growth Factors)						
MD Signature						

MR CHEMO ORDER

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Cladribine - RITUXIMAB

Date written _____ To begin _____

Patient's: Height_____cm Weight_____kg BSA_____m^2
Allergies: ☐No ☐Yes: _____
Diagnosis _____Metastatic Site _____

Protocol:
☐Yes #_____
☐ No
Source of Drug:
☐Routine supply
☐Protocol supply
☐Other

1. Laboratory Studies: CBC, DIFF, PLT prior to each infusion
2. Consent Obtained ?
   ☐ Yes ☐ Preprinted Consent ☐ See Dictated Note ☐ Note in Chart
   ☐ No Plan: _____
3. Infusion Room General Order Set will be initiated
4. Place IV if no indwelling catheter.
5. Premedicate prior to each infusion with:
   Diphenhydramine 50 mg po **Dexamethasone 20 mg po**
   Acetaminophen 650 mg po (give only if administering rituximab by rapid infusion)
6. Infusion: (calculate 100% of dose)
   Rituximab 375 mg/m^2 = _____mg IV* (Round to the nearest 50 mg)
   ☐ Do not round

*(Infuse initial dose of rituximab before chemotherapy at 50 mg/hr x 30 minutes. If tolerated without symptoms, increase infusion rate by 50 mg/hr every 30 minutes to a maximum of 400 mg/hr. Subsequent doses of rituximab infusions may begin @ 100 mg/hr for the first 30 minutes then increase rate by 100 mg/hr every 30 minutes to maximum rate of 400 mg/hr). When one rituximab infusion is well tolerated (RN assessment: patient comfortable, no rigors, hypotension, urticaria or shortness of breath), thereafter Mix rituximab dose in 250 ml normal saline and infuse first 50 ml over 30 minutes, and remainder of rituximab over 60 minutes This will require pre-medication with dexamethosone. Blood 2004; 104; p394a

7. If any symptoms occur, hold infusion, start NS at 100/ml. As appropriate, call MD and give
   Meperidine 25 mg IV push for rigors, may repeat once if no improvement in 10 minutes
   Diphenhydramine 25 mg IV push for urticaria/swelling, may repeat once if no relief in 10 minutes
   Dexamethasone 20 mg IV for stridor, new wheezing or patient complaining of difficulty breathing.

8. May Begin infusion before labs available. Chart labs. Call MD if WBC <2500 Hb <9.5 Plts <75,000.
   If weekly X4 doses, entire grid can be completed and signed by MD in advance.

MD/Preparer's Signature _____ Attending Physician Signature_____

Dose Reduction? ☐ No ☐ Yes. Give _____ % of full dose
Reason: Planned events for next cycle:

Dose #	**2**		**3**		**4**	
Date						
WBC/ANC						
Hb/Hct						
Platelets						
Rituximab mg IV						
Volume for rituximab (circle one)	Standard	250 mls for rapid infusion	Standard	250 mls for rapid infusion	Standard	250 mls for rapid infusion
MD Signature						

MR CHEMO ORDER