

REVISED: November 2015

Date written _____ To begin _____

Patient's: Height _____ cm Weight _____ kg BSA _____ m ² Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Diagnosis _____ Metastatic Site _____

1. Laboratory Studies: CBC, DIFF, PLT, BMP day 1 only.
 On day 1 hold chemo and notify MD if ANC <1500 and/or PLT <100K and/or creatinine clearance < 80.
 Additional labs needed prior to chemo:
 RN to record labs and other information requested on grid, and sign

Cycle # _____ of _____ Planned

2. Consent Obtained ? Yes

3. Infusion Room General Order Set will be initiated

4. Premedications:
 Hydration: None
 Antiemetics: **Ondansetron** 8 mg IV 30 minutes before chemotherapy, days 1-3

Day	1
Date	
Weight/BSA	
WBC/ANC	
Platelets	
Creatinine Clearance	
Dose delayed or not given (reason)	
RN Signature	

5. Chemotherapy:
FLUDARABINE Full dose: 25 mg/m² = _____ mg

Instead of full dose, give _____ % of dose = _____ mg Reason _____
 given IV daily for 3 days each cycle, days 1-3 of a 21 day cycle

CYCLOPHOSPHAMIDE Full dose: 250 mg/m² = _____ mg
 Instead of full dose, give _____ % of dose = _____ mg Reason _____
 given IV daily for 3 days each cycle, days 1-3 of a 21 day cycle

RITUXIMAB See page 2 for dosing.

6. Growth factors: None
 pegfilgrastim 6 mg subcutaneously day 2 or 3 of chemo regimen.
 pegfilgrastim 6 mg subcutaneously via OBI day 1 of chemo regimen.

Preparer's Signature _____ Date _____

Attending's Signature	Printed name	Pager number	Date	Time AM/PM
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REVISED: November 2015

Date written _____ To begin _____ **Weekly x4 or single dose**

Patient's: Height _____ cm Weight _____ kg BSA _____ m ²
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Diagnosis _____ Metastatic Site _____

1. Laboratory Studies: CBC, DIFF, PLT prior to each infusion. Record results in grid
2. May Begin infusion before labs available. RN to record labs and other information requested on grid, and sign.
3. Call MD if WBC <2500 Hb <9.5 Plts <75,000.

Dose # / Cycle #	1/	2/	3/	4/
Date				
WBC/ANC				
Hb/Hct				
Platelets				
Type of infusion (circle one)	Standard Rapid: in 250ml	Standard Rapid: in 250ml	Standard Rapid: in 250 ml	Standard Rapid: in 250 ml
RN signature				

3. Consent Obtained?
 - Yes Preprinted Consent See Dictated Note Note in Chart No Plan: _____

4. Infusion Room General Order Set will be initiated

5. Place IV if no indwelling catheter.

6. Pre-medicate prior to each infusion with:

Diphenhydramine 50 mg po **Dexamethasone 20 mg po** (Unless Dexamethasone given within 24 hrs as part of a chemo regimen)
Acetaminophen 650 mg po (give only if administering rituximab by **rapid** infusion)

Rituximab 375 mg/m² = _____ mg

- Give weekly x 4 doses
- Give as part of a chemotherapy regimen (see attached chemo order)
- Give as a single dose (or for maintenance treatment)

Standard Infusion: -Prepare as a standard 2mg per ml solution
 -Infuse initial dose of rituximab at 25 ml/hr x 30 minutes.
 -If tolerated without symptoms, increase infusion rate by 25 ml/hr every 30 minutes to a maximum of 200 ml/hr

Rapid Infusion -If the last rituximab infusion was well tolerated within the last 30 days (RN assessment: patient comfortable, no rigors, hypotension, urticaria or shortness of breath), then use :
 -Mix rituximab dose in 250 ml normal saline and infuse first 50 ml over 30 minutes
 -Then give remainder of rituximab over 60 minutes
 -This will require pre-medication with dexamethasone.

Intermediate Infusion - If the last rituximab infusion was well tolerated >30days ago (RN assessment: patient comfortable, no rigors, hypotension, urticaria or shortness of breath), then use
 -Prepare as a standard 2mg per ml solution
 -infusion may begin at 50 ml/hr for the first 30 minutes then increase by 50ml/hr every 30 minutes to maximum rate of 200 ml/hr.

8. If any symptoms occur, hold infusion, start NS at 100ml per hour. 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.

Preparer's Signature _____ Date _____

Attending's Signature Printed name Pager number Date Time AM/PM



MR CHEMO ORDER