

REVISED: January 2014

Cladribine + Rituximab

Date written	To begin				
Patient's: Height			m²		
1. Laboratory Studies: CE Notify MD if ANC <1500 ☐ Additional labs needed	or PLT <100K prior to chemo:		Cycle #	of Pla	nned
RN to record labs and oth	er information requested on grid, a	nd sign			If chemo delayed
2. Consent Obtained ? ☐ Yes: ☐ Preprint	Day	1	uelayeu		
Note in Chart		Date			
□ No: Plan:			Weight/BSA		
2 Infusion Room Conor	WBC/ANC				
3. Infusion Room General Order Set will be initiated4. Premedications:			Hb/Hct		
Ondansetron 8mg orally 30 minutes prior to cher daily for five days		hemo	Platelets		
—————	ays 		Dose delayed or not		
			given (reason) RN Signature		
	Full dose: 5 mg/m ² =mg Instead of full dose, give x 5 days, over 2 hours	_% of do	ose = mg		
6. Growth factors: N pe	ione egfilgrastim 6 mg subcutaneously	day 6 or	7 of chemo regimen.		
Preparer's Signature _	Da	nte			
Attending's Signature	Printed name Page	er number	Date	Time AM/PM	1





RITUXIMAB

REVISED January 2014

Date v	vritten		To begin		_Weekly x4	or single dose		
Patien Allerg	ıt's: Height ies: □No	cm Yes:	Weightkg Diag	BSA	_m² Metastat	ic Site		
2. May		before labs a	vailable. RN to rec	infusion. Record res ord labs and other in		ed on grid, and sign.		
	Dose #/Cycle	#	1/	2/	3/	4/		
	Date							
	WBC/ANC							
	Hb/Hct							
	Platelets							
	Type of infusio	n (circle one)	Standard Rapid: in 250ml	Standard Rapid: in 250ml	Standard Rapid: in 250 ml	Standard Rapid: in 250 ml		
	RN signature		•	•	•			
5. Place 6. Pre-	te IV if no indwe medicate prior to Diphenhydrami Acetaminophen uximab 375 mg/	lling catheter be each infusion ce 50 mg po 650 mg po 650 mg po 'm² = Prepare as a star- Infuse initial do If tolerated with If the last rituxin rigors, hypotens -Mix rituximab -Then give rema -This will requir	Dexamethasor (give only if admir mg (round ekly x 4 doses Give as par and and 2mg per ml solution se of rituximab at 25 ml/hr and symptoms, increase infinite infusion was well toler ion, urticaria or shortness of dose in 250 ml normal salin inder of rituximab over 60 the pre-medication with dexi-	d to the nearest 50 t of a chemotherape Give as a single x 30 minutes. fusion rate by 25 ml/hr ever rated within the last 30 days of breath), then use: ne and infuse first 50 ml ov minutes amethasone.	mg) y regimen (see attate dose (or for main y 30 minutes to a maximum s (RN assessment: patient ver 30 minutes	comfortable, no :		
	fusion	- 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 an	Meperidine 25 Diphenhydran	mg IV push nine 25 mg Γ	for rigors, may re V push for urticar	ml per hour. As app peat once if no imp ia/swelling, may rep neezing or patient c	provement in 10 m peat once if no reli	inutes ief in 10 minutes		
Prepar	er's Signature _			_ Date				
Attending	g's Signature	Print	ed name	Pager number	Date	Time AM/PM		