

# RITUXIMAB

REVISED: January 2016

Date written \_\_\_\_\_ To begin \_\_\_\_\_ **Weekly x4 or single dose**

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

**\*\*REMINDER: All patients must be tested for Hepatitis B activity prior to beginning anti-CD20 antibody therapy. Testing must include surface antigen (HBsAg) and hepatitis B core antibody, Anti-HBc (Total or IgG), and must be negative before proceeding, otherwise treatment for Hepatitis B will be needed.**

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 <1000 Hb <8 Plts <20,000.

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
4. Infusion Room General Order Set will be initiated
5. Place IV if no indwelling catheter.
6. Pre-medicate prior to each infusion with: (Vital signs every 30 minutes with each dose titration and hourly after reaching maximum infusion rate)

**Diphenhydramine 50 mg po 30 minutes prior to treatment**

**Acetaminophen 650 mg po 30 minutes prior to treatment**

**Dexamethasone 20 mg po 30 minutes prior to treatment** (Unless Dexamethasone given within 24 hrs as part of a chemo regimen; give only if administering rituximab by **rapid** infusion)

**Rituximab 375 mg/m<sup>2</sup> = \_\_\_\_\_ mg**

Give IV weekly x 4 doses

Give IV as part of a chemotherapy regimen (see attached chemo order)

Give IV as a single dose (or for maintenance treatment)

**Standard**

-Prepare as a standard 2mg per ml solution

**Infusion:**

-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**

**(For Outpatient  
Infusion Room  
Patients Only)**

-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 \_\_\_\_\_

