

## CLL IP BENDAMUSTINE 100 / RITUXIMAB 375 (START ON DAY 2)

Types: ONCOLOGY TREATMENT

Synonyms: BENDAMUSTINE, BEND, LEUKEMIA, BENDEKA, CLL, RITUX, BR

| Cycle 1   | Repeat 1 time   | Cycle length: 28 days   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|---|---|---|----------|-----------|------|----------|-----------|---|-------------|-------|-----|----|---------------------------------|-------------|-------|-----|----|
| <b>Day 1</b> Perform every 1 day x1               |   |   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <b>Labs</b>                                       |   |   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input checked="" type="checkbox"/>               | <b>COMPREHENSIVE METABOLIC PANEL</b>  | Interval: Once Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input checked="" type="checkbox"/>               | <b>CBC WITH PLATELET AND DIFFERENTIAL</b>   | Interval: Once Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input checked="" type="checkbox"/>               | <b>MAGNESIUM LEVEL</b>  | Interval: Once Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input type="checkbox"/>                          | <b>LDH</b>  | Interval: Once Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input type="checkbox"/>                          | <b>URIC ACID LEVEL</b>  | Interval: Once Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input type="checkbox"/>                          | <b>ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED</b>  | Interval: 1 time imaging Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <b>Nursing Orders</b>                             |   |   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|   | <b>TREATMENT CONDITIONS 7</b>   | Interval: Until discontinued Occurrences: --  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|   | Comments:   | HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <b>Line Flush</b>                                 |   |   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|   | <b>sodium chloride 0.9 % flush 20 mL</b>  | Dose: 20 mL Route: intravenous PRN Start: S   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <b>Nursing Orders</b>                             |   |   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|   | <b>sodium chloride 0.9 % infusion 250 mL</b>  | Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|   | Instructions:   | To keep vein open.  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <b>Pre-Medications</b>                            |   |   |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| <input checked="" type="checkbox"/>               | <b>ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB</b> | Dose: -- Route: intravenous once over 15 Minutes for 1 dose Start: S  |          |           |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
|   | <b>Ingredients:</b>   | <table border="1"> <thead> <tr> <th>Name</th> <th>Type</th> <th>Dose</th> <th>Selected</th> <th>Adds Vol.</th> </tr> </thead> <tbody> <tr> <td>ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION</td> <td>Medications</td> <td>16 mg</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>DEXAMETHASONE 4 MG/ML INJECTION</td> <td>Medications</td> <td>12 mg</td> <td>Yes</td> <td>No</td> </tr> </tbody> </table> | Name     | Type      | Dose | Selected | Adds Vol. | ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg | Yes | No | DEXAMETHASONE 4 MG/ML INJECTION | Medications | 12 mg | Yes | No |
| Name  | Type  | Dose  | Selected | Adds Vol. |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications   | 16 mg   | Yes      | No        |      |          |           |   |             |       |     |    |                                 |             |       |     |    |
| DEXAMETHASONE 4 MG/ML INJECTION                   | Medications   | 12 mg   | Yes      | No        |      |          |           |   |             |       |     |    |                                 |             |       |     |    |

|   |      |       |        |     |
|---|------|-------|--------|-----|
| SOLUTION<br>SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION | Base | 50 mL | Always | Yes |
| DEXTROSE 5 % IN<br>WATER (D5W)<br>INTRAVENOUS<br>SOLUTION       | Base |       | No     | Yes |

**ondansetron (ZOFTRAN) tablet 16 mg**

Dose: 16 mg      Route: oral      once for 1 dose  
Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg      Route: oral      once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg      Route: intravenous      once over 30 Minutes for 1 dose  
Start: S      End: S

| Ingredients: | Name  | Type        | Dose   | Selected           | Adds Vol. |
|--------------|---|-------------|--------|--------------------|-----------|
|              | APREPITANT 7.2<br>MG/ML<br>INTRAVENOUS<br>EMULSION            | Medications | 130 mg | Main<br>Ingredient | Yes       |
|              | DEXTROSE 5 % IN<br>WATER (D5W) IV<br>SOLP (EXCEL;<br>NON-PVC) | Base        | 130 mL | Yes                | Yes       |
|              | SODIUM<br>CHLORIDE 0.9 % IV<br>SOLP<br>(EXCEL;NON-PVC)        | Base        | 130 mL | No                 | Yes       |

Chemotherapy

**bendamustine (BENDEKA) 100 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 100 mg/m2      Route: intravenous      once over 10 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
VESICANT

| Ingredients: | Name  | Type        | Dose         | Selected           | Adds Vol. |
|--------------|---|-------------|--------------|--------------------|-----------|
|              | BENDAMUSTINE<br>25 MG/ML<br>INTRAVENOUS<br>SOLUTION | Medications | 100<br>mg/m2 | Main<br>Ingredient | Yes       |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION | Base        | 50 mL        | Yes                | Yes       |

Discharge Nursing Orders

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN

**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units      Route: intra-catheter      once PRN  
Start: S

Instructions:  
Concentration: 100 units/mL. Heparin flush for

Implanted Vascular Access Device maintenance.

**Day 2**

Perform every 1 day x1

Labs

**BASIC METABOLIC PANEL**

Interval: Once Occurrences: --

Provider Communication

**ONC PROVIDER COMMUNICATION 58**

Interval: Once Occurrences: --  
Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on \*\*\*.

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until Occurrences: --  
discontinued  
Comments: HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL Route: intravenous PRN  
Start: S

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose

Instructions:  
To keep vein open.

Pre-Medications

- ondansetron (ZOFRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: -- Route: intravenous once over 15 Minutes for 1 dose  
Start: S

| Ingredients: | Name  | Type        | Dose  | Selected | Adds Vol. |
|--------------|---|-------------|-------|----------|-----------|
|              | ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg | Yes      | No        |
|              | DEXAMETHASONE 4 MG/ML INJECTION SOLUTION          | Medications | 12 mg | Yes      | No        |
|              | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION        | Base        | 50 mL | Always   | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION  | Base        |       | No       | Yes       |

- ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg Route: oral once for 1 dose  
Start: S

- dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg      Route: oral      once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg      Route: intravenous      once over 30 Minutes for 1 dose  
Start: S      End: S

| Ingredients: | Name  | Type        | Dose   | Selected        | Adds Vol. |
|--------------|---|-------------|--------|-----------------|-----------|
|              | APREPITANT 7.2 MG/ML  | Medications | 130 mg | Main Ingredient | Yes       |
|              | INTRAVENOUS EMULSION DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | Base        | 130 mL | Yes             | Yes       |
|              | SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)                             | Base        | 130 mL | No              | Yes       |

Chemotherapy

**bendamustine (BENDEKA) 100 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 100 mg/m2      Route: intravenous      once over 10 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
VESICANT

| Ingredients: | Name  | Type        | Dose      | Selected        | Adds Vol. |
|--------------|---|-------------|-----------|-----------------|-----------|
|              | BENDAMUSTINE 25 MG/ML   | Medications | 100 mg/m2 | Main Ingredient | Yes       |
|              | INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base        | 50 mL     | Yes             | Yes       |

Rituximab Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg      Route: oral      once for 1 dose  
Start: S

Instructions:  
Give 30 minutes before rituximab infusion.

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg      Route: intravenous      once for 1 dose  
Start: S

Instructions:  
Give 30 minutes before rituximab infusion.

**sodium chloride 0.9 % infusion 500 mL**

Dose: 500 mL      Route: intravenous      continuous  
Start: S

Instructions:  
Give 30 minutes before rituximab infusion.

Pharmacy Consult

**PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION**

Interval: --      Occurrences: --

Chemotherapy

**RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% INITIAL INFUSION RATE**

**IVPB**

Dose: 375 mg/m<sup>2</sup>      Route: intravenous      once for 1 dose  
 Offset: 60 Minutes

**Instructions:**

Administer on Day 2.  
 Initiate infusion at rate of 50 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mg/hour every 30 minutes, to a maximum rate of 400 mg/hour.

| <b>Ingredients:</b> | <b>Name</b>                                      | <b>Type</b> | <b>Dose</b>           | <b>Selected</b> | <b>Adds Vol.</b> |
|---------------------|--|-------------|-----------------------|-----------------|------------------|
|                     | RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS      | Medications | 375 mg/m <sup>2</sup> | Main Ingredient | Yes              |
|                     | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION       | Base        |                       | Yes             | Yes              |
|                     | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base        |                       | No              | Yes              |

**RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: --      Route: intravenous      once for 1 dose  
 Offset: 60 Minutes

**Instructions:**

Administer on Day 2.  
 Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

| <b>Ingredients:</b> | <b>Name</b>                                      | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|---------------------|--|-------------|-------------|-----------------|------------------|
|                     | RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS      | Medications |             | Main Ingredient | Yes              |
|                     | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION       | Base        |             | Yes             | Yes              |
|                     | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base        |             | No              | Yes              |

**RiTUXimab (PF) (RITUXAN) 375 mg/m<sup>2</sup> in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m<sup>2</sup>      Route: intravenous      once over 90 Minutes for 1 dose  
 Offset: 60 Minutes

**Instructions:**

Administer on Day 2.  
 RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20

mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

| Ingredients: | Name   | Type        | Dose      | Selected        | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
|              | RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS     | Medications | 375 mg/m2 | Main Ingredient | Yes       |
|              | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION       | QS Base     | 250 mL    | Yes             | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | QS Base     |           | No              | Yes       |

#### Rituximab Instructions

##### VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: Until discontinued  
Comments:

Occurrences: --

- 1) During Rituximab infusion:
  - Vitals every 15 minutes during 1st hour of infusion, THEN
  - Every 30 minutes for 1 hour, THEN
  - Every hour until end of infusion
  - Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

##### ONC NURSING COMMUNICATION 26

Interval: Until discontinued  
Comments:

Occurrences: --

- 2) Infuse antibody via pump
- 3) If any of the following occurs: FEVER (temperature greater than 38.5 degrees Celsius), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and/or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

#### Rituximab Infusion Reaction Orders

##### meperidine (DEMEROL) injection 12.5 mg

Dose: 12.5 mg      Route: intravenous      once PRN  
Start: S

##### diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg      Route: intravenous      once PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg      Route: intravenous      once PRN

**famotidine (PEPCID) injection 20 mg**

Dose: 20 mg      Route: intravenous      once PRN  
Start: S

Rituximab Additional Orders

**epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg**

Dose: 0.3 mg      Route: intramuscular      once PRN  
Start: S

Cycles 2,3

Repeat 2 times

Cycle length: 28 days

Day 1

Perform every 1 day x1

Labs

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once      Occurrences: --

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once      Occurrences: --

**MAGNESIUM LEVEL**

Interval: Once      Occurrences: --

**LDH**

Interval: Once      Occurrences: --

**URIC ACID LEVEL**

Interval: Once      Occurrences: --

**ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED**

Interval: 1 time imaging      Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until discontinued      Occurrences: --

Comments:      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN  
Start: S

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose

Instructions:  
To keep vein open.

Pre-Medications

**ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S

| Ingredients: | Name                        | Type        | Dose  | Selected | Adds Vol. |
|--------------|-----------------------------|-------------|-------|----------|-----------|
|              | ONDANSETRON HCL (PF) 4 MG/2 | Medications | 16 mg | Yes      | No        |

|                             |             |       |        |     |  |
|-----------------------------|-------------|-------|--------|-----|--|
| ML INJECTION SOLUTION       |             |       |        |     |  |
| DEXAMETHASONE               | Medications | 12 mg | Yes    | No  |  |
| 4 MG/ML INJECTION SOLUTION  |             |       |        |     |  |
| SODIUM CHLORIDE 0.9 %       | Base        | 50 mL | Always | Yes |  |
| INTRAVENOUS SOLUTION        |             |       |        |     |  |
| DEXTROSE 5 % IN WATER (D5W) | Base        |       | No     | Yes |  |
| INTRAVENOUS SOLUTION        |             |       |        |     |  |

**ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg                      Route: oral                      once for 1 dose  
Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg                      Route: oral                      once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg                      Route: intravenous                      once over 30 Minutes for 1 dose  
Start: S                      End: S

| <b>Ingredients:</b> | <b>Name</b>                    | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|---------------------|--------------------------------|-------------|-------------|-----------------|------------------|
|                     | APREPITANT 7.2 MG/ML           | Medications | 130 mg      | Main Ingredient | Yes              |
|                     | INTRAVENOUS EMULSION           |             |             |                 |                  |
|                     | DEXTROSE 5 % IN WATER (D5W) IV | Base        | 130 mL      | Yes             | Yes              |
|                     | SOLP (EXCEL; NON-PVC)          |             |             |                 |                  |
|                     | SODIUM CHLORIDE 0.9 % IV       | Base        | 130 mL      | No              | Yes              |
|                     | SOLP (EXCEL;NON-PVC)           |             |             |                 |                  |

**Chemotherapy**

**bendamustine (BENDEKA) 100 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 100 mg/m2                      Route: intravenous                      once over 10 Minutes for 1 dose  
Offset: 30 Minutes

Instructions:  
VESICANT

| <b>Ingredients:</b> | <b>Name</b>           | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|---------------------|-----------------------|-------------|-------------|-----------------|------------------|
|                     | BENDAMUSTINE 25 MG/ML | Medications | 100 mg/m2   | Main Ingredient | Yes              |
|                     | INTRAVENOUS SOLUTION  |             |             |                 |                  |
|                     | SODIUM CHLORIDE 0.9 % | Base        | 50 mL       | Yes             | Yes              |
|                     | INTRAVENOUS SOLUTION  |             |             |                 |                  |

**Discharge Nursing Orders**

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL                      Route: intravenous                      PRN



**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units      Route: intra-catheter      once PRN  
Start: S  
Instructions:  
Concentration: 100 units/mL. Heparin flush for  
Implanted Vascular Access Device  
maintenance.

**Day 2**

Perform every 1 day x1

Labs

**BASIC METABOLIC PANEL**

Interval: Once      Occurrences: --

Nursing Orders

**TREATMENT CONDITIONS 7**

Interval: Until discontinued      Occurrences: --  
Comments:      HOLD and notify provider if ANC LESS than 1000; Platelets LESS than 100,000.

Line Flush

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL      Route: intravenous      PRN  
Start: S

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose

Instructions:  
To keep vein open.

Pre-Medications

**ondansetron (ZOFRAN) 16 mg, dexamethasone**

**(DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB**

Dose: --      Route: intravenous      once over 15 Minutes for 1 dose  
Start: S

**Ingredients:**

| <b>Name</b>                                       | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|---|-------------|-------------|-----------------|------------------|
| ONDANSETRON HCL (PF) 4 MG/2 ML INJECTION SOLUTION | Medications | 16 mg       | Yes             | No               |
| DEXAMETHASONE 4 MG/ML INJECTION SOLUTION          | Medications | 12 mg       | Yes             | No               |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION        | Base        | 50 mL       | Always          | Yes              |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION  | Base        |             | No              | Yes              |

**ondansetron (ZOFRAN) tablet 16 mg**

Dose: 16 mg      Route: oral      once for 1 dose  
Start: S

**dexamethasone (DECADRON) tablet 12 mg**

Dose: 12 mg      Route: oral      once for 1 dose  
Start: S

**aprepitant (CINVANTI) 130 mg in dextrose (NON-PVC) 5% 130 mL IVPB**

Dose: 130 mg      Route: intravenous      once over 30 Minutes for 1 dose  
 Start: S      End: S

| Ingredients: | Name   | Type        | Dose   | Selected        | Adds Vol. |
|--------------|--|-------------|--------|-----------------|-----------|
|              | APREPITANT 7.2 MG/ML INTRAVENOUS EMULSION            | Medications | 130 mg | Main Ingredient | Yes       |
|              | DEXTROSE 5 % IN WATER (D5W) IV SOLP (EXCEL; NON-PVC) | Base        | 130 mL | Yes             | Yes       |
|              | SODIUM CHLORIDE 0.9 % IV SOLP (EXCEL;NON-PVC)        | Base        | 130 mL | No              | Yes       |

Chemotherapy

**bendamustine (BENDEKA) 100 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB**

Dose: 100 mg/m2      Route: intravenous      once over 10 Minutes for 1 dose  
 Offset: 30 Minutes

Instructions:  
VESICANT

| Ingredients: | Name                                       | Type        | Dose      | Selected        | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
|              | BENDAMUSTINE 25 MG/ML INTRAVENOUS SOLUTION | Medications | 100 mg/m2 | Main Ingredient | Yes       |
|              | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base        | 50 mL     | Yes             | Yes       |

Rituximab Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg      Route: oral      once for 1 dose  
 Start: S

Instructions:  
Give 30 minutes before rituximab infusion.

**diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg      Route: intravenous      once for 1 dose  
 Start: S

Instructions:  
Give 30 minutes before rituximab infusion.

**sodium chloride 0.9 % infusion 500 mL**

Dose: 500 mL      Route: intravenous      continuous  
 Start: S

Instructions:  
Give 30 minutes before rituximab infusion.

Pharmacy Consult

**PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION**

Interval: --      Occurrences: --

Chemotherapy

**RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: --      Route: intravenous      once for 1 dose  
 Offset: 60 Minutes

**Instructions:**

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

| <b>Ingredients:</b> | <b>Name</b>  | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|---------------------|--|-------------|-------------|-----------------|------------------|
|                     | RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION | Medications |             | Main Ingredient | Yes              |
|                     | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION           | Base        |             | Yes             | Yes              |
|                     | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION     | Base        |             | No              | Yes              |

**RiTUXImab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB**

Dose: 375 mg/m2      Route: intravenous      once over 90 Minutes for 1 dose  
Offset: 60 Minutes

**Instructions:**

**RAPID INFUSION RATE:** Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

**Reaction grades:**

**Grade 3 Reaction:** Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

**Grade 4 Reaction:** Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

| <b>Ingredients:</b> | <b>Name</b>  | <b>Type</b> | <b>Dose</b> | <b>Selected</b> | <b>Adds Vol.</b> |
|---------------------|--|-------------|-------------|-----------------|------------------|
|                     | RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION | Medications | 375 mg/m2   | Main Ingredient | Yes              |
|                     | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION           | QS Base     | 250 mL      | Yes             | Yes              |
|                     | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION     | QS Base     |             | No              | Yes              |

### Rituximab Instructions

#### **VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL**

Interval: Until discontinued

Occurrences: --

Comments:

- 1) During Rituximab infusion:
  - Vitals every 15 minutes during 1st hour of infusion, THEN
  - Every 30 minutes for 1 hour, THEN
  - Every hour until end of infusion
  - Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

#### **ONC NURSING COMMUNICATION 26**

Interval: Until discontinued

Occurrences: --

Comments:

- 2) Infuse antibody via pump
- 3) If any of the following occurs: FEVER (temperature greater than 38.5 degrees Celsius), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and/or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

### Rituximab Infusion Reaction Orders

#### **meperidine (DEMEROL) injection 12.5 mg**

Dose: 12.5 mg

Route: intravenous

once PRN

Start: S

#### **diphenhydramine (BENADRYL) injection 25 mg**

Dose: 25 mg

Route: intravenous

once PRN

Start: S

#### **hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg

Route: intravenous

once PRN

#### **famotidine (PEPCID) injection 20 mg**

Dose: 20 mg

Route: intravenous

once PRN

Start: S

### Rituximab Additional Orders

#### **epinephrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg**

Dose: 0.3 mg

Route: intramuscular

once PRN

Start: S