

IP R-MINICHOP

Types: ONCOLOGY TREATMENT

Synonyms: CHOP, LYMPHOMA, CYLCOPHOSPHAMIDE, CYCLO, VINCRISTINE, DOXO, DOXORUBICIN, NON, PREDNISONE, RITUXAN, RITUXIMAB

| Cycle 1 | Repeat 1 time | Cycle length: 21 days |
|-------------------------------------|--|--|
| Day 1 | | Perform every 1 day x1 |
| Labs | | |
| <input checked="" type="checkbox"/> | COMPREHENSIVE METABOLIC PANEL | Interval: Once Occurrences: -- |
| <input checked="" type="checkbox"/> | CBC WITH PLATELET AND DIFFERENTIAL | Interval: Once Occurrences: -- |
| <input checked="" type="checkbox"/> | MAGNESIUM LEVEL | Interval: Once Occurrences: -- |
| <input type="checkbox"/> | LDH | Interval: Once Occurrences: -- |
| <input type="checkbox"/> | URIC ACID LEVEL | Interval: Once Occurrences: -- |
| <input type="checkbox"/> | ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED | Interval: 1 time imaging 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 ***. |
| Provider Communication | | |
| | ONC PROVIDER COMMUNICATION 5 | Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%. |
| Provider Communication | | |
| | ONC PROVIDER COMMUNICATION | Interval: Once Occurrences: -- Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on *** (date). If patient has not had a recent MUGA or ECHO, order one via order entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is recommended, especially in patients with risk factors for increased cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF should be performed, particularly with higher, cumulative anthracycline doses. |
| Chemotherapy | | |
| | predniSONE (DELTASONE) tablet 40 mg | Dose: 40 mg Route: oral daily for 5 doses |

Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 10

Interval: Once

Occurrences: --

Comments:

Please order Growth Factor to begin on Day 2, if indicated.

If patient will be discharged, consider using Neulasta Therapy Plan for Outpatient use.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once

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

Start: S

Instructions:

To keep vein open.

Hydration

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL

Route: intravenous

once @ 100 mL/hr for 1 dose

Start: S

Pre-Medications

ondansetron (ZOFRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 10:30 AM

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

20 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

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

Medications

130 mg

Main

Yes

Ingredient

| | | | | |
|---|------|--------|-----|-----|
| 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 |

Breakthrough Anti-Emetics

promethazine (PHENERGAN) tablet 12.5 mg

Dose: 12.5 mg Route: oral every 4 hours PRN
Start: S

promethazine (PHENERGAN) injection 12.5 mg

Dose: 12.5 mg Route: intravenous every 4 hours PRN
Start: S

promethazine (PHENERGAN) IVPB

Dose: 25 mg Route: intravenous every 4 hours PRN over 30 Minutes
Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|--------------------|-----------|
| | PROMETHAZINE 25 MG/ML INJECTION SOLUTION | Medications | 25 mg | Main Ingredient | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once Occurrences: --
Comments: Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

**vinCRistine (ONCOVIN) 1 mg in sodium
chloride 0.9% 50 mL chemo IVPB**

Dose: 1 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light, VESICANT. Flat dose of 1 mg.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|--------------------|-----------|
| | VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION | Medications | 1 mg | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |

**DOXOrubicin (ADRIAmycin) 25 mg/m2 in
sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 60 Minutes

Instructions:
Protect from light; VESICANT

| Inaredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|------|------|------|----------|-----------|
|--------------|------|------|------|----------|-----------|

| | | | | |
|--|-------------|----------|-----------------|-----|
| DOXORUBICIN 50 MG/25 ML INTRAVENOUS SOLUTION | Medications | 25 mg/m2 | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | 50 mL | No | Yes |

cyclophosphamide (CYTOXAN) 400 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 400 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
Offset: 1.5 Hours

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
| | CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION | Medications | 400 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 | 250 mL | No | 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.

diphenhydramine (BENADRYL) injection 12.5 mg

Dose: 12.5 mg Route: intravenous once for 1 dose
Start: S
Instructions:
Give 30 minutes before rituximab.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous
Start: S

Rituximab Instructions

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

Interval: Once 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: Once Occurrences: --
Comments:
2) Infuse antibody via pump
3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), 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)

Chemotherapy

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

Dose: 375 mg/m2 Route: intravenous once for 1 dose
Offset: 2 Hours

Instructions:

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.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
| | RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS | Medications | 375 mg/m2 | 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: 2 Hours

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.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|------|-----------------|-----------|
| | 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/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: 2 Hours

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).

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
| | RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS | 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 Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg
 Dose: 25 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

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.

Cycles 2 to 6

Repeat 5 times

Cycle length: 21 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: --

Provider Communication

ONC PROVIDER COMMUNICATION 5

Interval: Once Occurrences: --
Comments: Use baseline weight to calculate dose. Adjust dose for weight
gains/losses of greater than or equal to 10%.

Provider Communication

ONC PROVIDER COMMUNICATION

Interval: Once Occurrences: --
Comments: Verify Ejection Fraction prior to Cycle 1. Ejection Fraction: ***% on ***
(date).

If patient has not had a recent MUGA or ECHO, order one via order
entry. A baseline cardiac evaluation with a MUGA scan or an ECHO is
recommended, especially in patients with risk factors for increased
cardiac toxicity. Repeated MUGA or ECHO determinations of LVEF
should be performed, particularly with higher, cumulative anthracycline
doses.

Chemotherapy

predniSONE (DELTASONE) tablet 40 mg

Dose: 40 mg Route: oral daily for 5 doses
Start: S

Provider Communication

ONC PROVIDER COMMUNICATION 10

Interval: Once Occurrences: --
Comments: Please order Growth Factor to begin on Day 2, if indicated.

If patient will be discharged, consider using Neulasta Therapy Plan for

Outpatient use.

Nursing Orders

TREATMENT CONDITIONS 7

Interval: Once

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

Start: S

Instructions:

To keep vein open.

Hydration

sodium chloride 0.9 % infusion 1,000 mL

Dose: 1,000 mL

Route: intravenous

once @ 100 mL/hr for 1 dose

Start: S

Pre-Medications

ondansetron (ZOFTRAN) 16 mg in sodium chloride 0.9% 50 mL IVPB

Dose: --

Route: intravenous

once over 15 Minutes for 1 dose

Start: S

End: S 10:30 AM

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

20 mg

No

No

SODIUM
CHLORIDE 0.9 %
INTRAVENOUS
SOLUTION

Base

50 mL

Always

Yes

DEXTROSE 5 % IN
WATER (D5W)
INTRAVENOUS
SOLUTION

Base

No

Yes

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

Base

130 mL

No

Yes

SOLP
(EXCEL;NON-PVC)

Breakthrough Anti-Emetics

promethazine (PHENERGAN) tablet 12.5 mg

Dose: 12.5 mg Route: oral every 4 hours PRN
Start: S

promethazine (PHENERGAN) injection 12.5 mg

Dose: 12.5 mg Route: intravenous every 4 hours PRN
Start: S

promethazine (PHENERGAN) IVPB

Dose: 25 mg Route: intravenous every 4 hours PRN over 30 Minutes
Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|--------------------|-----------|
| | PROMETHAZINE 25 MG/ML INJECTION SOLUTION | Medications | 25 mg | Main Ingredient | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Always | Yes |

Nursing Orders

ONC NURSING COMMUNICATION 101

Interval: Once Occurrences: --
Comments: Administer chemotherapy in listed order unless otherwise indicated.

Chemotherapy

**vinCRiStine (ONCOVIN) 1 mg in sodium
chloride 0.9% 50 mL chemo IVPB**

Dose: 1 mg Route: intravenous once over 15 Minutes for 1 dose
Offset: 30 Minutes

Instructions:
Protect from light, VESICANT. Flat dose of 1
mg.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|-------|--------------------|-----------|
| | VINCRIStINE 1 MG/ML INTRAVENOUS SOLUTION | Medications | 1 mg | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |

**DOXOrubicin (ADRIAMycin) 25 mg/m2 in
sodium chloride 0.9% 50 mL chemo IVPB**

Dose: 25 mg/m2 Route: intravenous once over 15 Minutes for 1 dose
Offset: 60 Minutes

Instructions:
Protect from light; VESICANT

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

SOLUTION
 DEXTROSE 5 % IN Base 50 mL No Yes
 WATER (D5W)
 INTRAVENOUS
 SOLUTION

cyclophosphamide (CYTOXAN) 400 mg/m2 in sodium chloride 0.9% 250 mL chemo IVPB

Dose: 400 mg/m2 Route: intravenous once over 60 Minutes for 1 dose
 Offset: 1.5 Hours

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-----------|-----------------|-----------|
| | CYCLOPHOSPHAMIDE 1 GRAM INTRAVENOUS SOLUTION | Medications | 400 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 | 250 mL | No | 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

Rituximab Instructions

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

Interval: Once 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: Once Occurrences: --
 Comments: 2) Infuse antibody via pump
 3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), 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)

Chemotherapy

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

Dose: -- Route: intravenous once for 1 dose
Offset: 2.5 Hours

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.

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|---------------------|---|-------------|-------------|--------------------|------------------|
| | RITUXIMAB 10 MG/ML CONCENTRATE,IN TRAVENOUS | 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: 2.5 Hours

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).

| 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) | QS Base | | No | Yes |

INTRAVENOUS
SOLUTION

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 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

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.