

## IP RITUXIMAB 375 (WEEKLY)

Types: ONCOLOGY TREATMENT

Synonyms: RITUX, RITUXAN, RITUXIMAB, MAB, LYMPHOMA, NON-HODGKINS

Cycle 1	Repeat 1 time	Cycle length: 7 days
<b>Day 1</b>		Perform every 1 day x1
<b>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 5</b> Interval: Once Occurrences: -- Comments: Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.		
<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>Provider Communication</b>		
<b>ONC PROVIDER COMMUNICATION 58</b> 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 ***.		
<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.		

Pre-Hydration

**sodium chloride 0.9 % infusion 500 mL**

Dose: 500 mL      Route: intravenous      once @ 250 mL/hr for 1 dose

Rituximab Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

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

**diphenhydramine (BENADRYL) injection 25 mg**

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

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/m2      Route: intravenous      once for 1 dose  
Offset: 30 Minutes

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: 30 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.

**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: 30 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).

**Ingredients:**

<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/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

Occurrences: --

discontinued  
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 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.