

OP BENDAMUSTINE / RITUXIMAB (NHL)

Types: ONCOLOGY TREATMENT

Synonyms: BENDAMUSTINE, LYMPHOMA, LIMP, BENDEKA, NON, NHL, RITUX, EVERY 28 DAY, Q28D, BR

| Cycle 1 | Repeat 1 time | Cycle length: 28 days |
|---|---------------|------------------------|
| Day 1 | | Perform every 1 day x1 |
| Appointment Requests | | |
| INFUSION APPOINTMENT REQUEST | | |
| Interval: -- Occurrences: -- | | |
| Labs | | |
| <input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> BASIC METABOLIC PANEL | | |
| Interval: -- Occurrences: -- | | |
| <input checked="" type="checkbox"/> MAGNESIUM LEVEL | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> LDH | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> URIC ACID LEVEL | | |
| Interval: -- Occurrences: -- | | |
| <input type="checkbox"/> ECHOCARDIOGRAM COMPLETE W CONTRAST AND 3D IF NEEDED | | |
| Interval: -- Occurrences: -- | | |
| Outpatient Electrolyte Replacement Protocol | | |
| TREATMENT CONDITIONS 39 | | |
| Interval: -- Occurrences: -- | | |
| Comments: Potassium (Normal range 3.5 to 5.0mEq/L) | | |
| o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP | | |
| o Protocol applies only to same day lab value. | | |
| o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP | | |
| o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO | | |
| o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO | | |
| o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement | | |
| o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement" | | |
| o Sign electrolyte replacement order as Per protocol: cosign required | | |
| TREATMENT CONDITIONS 40 | | |
| Interval: -- Occurrences: -- | | |
| Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL) | | |
| o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP | | |
| o Protocol applies only to same day lab value. | | |
| o Serum Magnesium less than 1.0 mg/dL. give 2 gram magnesium | | |

- sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mg/dL or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 7

Interval: -- 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.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone (DECADRON) 12 mg in sodium chloride 0.9% 50 mL IVPB
 Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|-------|-----------------|-----------|
| | ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION | Medications | 16 mg | Main Ingredient | No |
| | DEXAMETHASONE 10 MG/ML INJECTION SOLUTION | Medications | 12 mg | Yes | No |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| | DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | 50 mL | No | Yes |

ondansetron (ZOFTRAN) tablet 16 mg
 Dose: 16 mg Route: oral once for 1 dose
 Start: S End: S 11:30 AM

dexAMETHAsone (DECADRON) tablet 12 mg
 Dose: 12 mg Route: oral once for 1 dose
 Start: S

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM
Instructions:
For OUTPATIENT use only.

fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB

Dose: 150 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|--------|-----------------|-----------|
| | FOSAPREPITANT 150 MG INTRAVENOUS SOLUTION | Medications | 150 mg | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 145 mL | Yes | Yes |

Breakthrough Anti-Emetics

diphenhydrAMINE (BENADRYL) tablet 12.5-25 mg

Dose: 12.5-25 mg Route: oral every 4 hours PRN
Start: S

diphenhydrAMINE (BENADRYL) injection 12-25 mg

Dose: 12-25 mg Route: intravenous every 4 hours PRN
Start: S

promethazine (PHENERGAN) tablet 12.5-25 mg

Dose: 12.5-25 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) 25 mg in sodium chloride 0.9 % 50 mL 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 |

LORazepam (ATIVAN) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

LORazepam (ATIVAN) injection 0.5-1 mg

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

haloperidol (HALDOL) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

haloperidol lactate (HALDOL) injection 0.5-1 mg

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

metoclopramide (REGLAN) tablet 10 mg

Dose: 10 mg Route: oral every 4 hours PRN
Start: S

metoclopramide (REGLAN) injection 10 mg

Dose: 10 mg Route: intravenous every 4 hours PRN
Start: S

dexamethasone (DECADRON) tablet 10 mg

Dose: 10 mg Route: oral every 12 hours PRN
Start: S

dexamethasone (DECADRON) injection 10 mg

Dose: 10 mg Route: intravenous every 12 hours PRN
Start: S

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 90 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 | 90 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

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: 60 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: 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.

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: 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).

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

Rituximab Instructions

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

Interval: -- 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: -- 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)

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

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Interval: -- Occurrences: --
Comments: Discontinue IV.

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

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

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.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

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

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose

Start: S

Ingredients:

| Name | Type | Dose | Selected | Adds Vol. |
|---|-------------|-------|------------|-----------|
| ONDANSETRON | Medications | 16 mg | Main | No |
| HCL 2 MG/ML INTRAVENOUS SOLUTION | | | Ingredient | |
| DEXAMETHASONE | Medications | 12 mg | Yes | No |
| 10 MG/ML INJECTION SOLUTION | | | | |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) | Base | 50 mL | No | Yes |

INTRAVENOUS SOLUTION

ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
 Start: S End: S 11:30 AM

dexAMETHasone (DECADRON) tablet 12 mg

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

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
 Start: S End: S 3:00 PM

Instructions:
 For OUTPATIENT use only.

fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB

Dose: 150 mg Route: intravenous once over 30 Minutes for 1 dose
 Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|--------|-----------------|-----------|
| | FOSAPREPITANT 150 MG | Medications | 150 mg | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 145 mL | Yes | Yes |

Breakthrough Anti-Emetics

diphenhydramine (BENADRYL) tablet 12.5-25 mg

Dose: 12.5-25 mg Route: oral every 4 hours PRN
 Start: S

diphenhydramine (BENADRYL) injection 12-25 mg

Dose: 12-25 mg Route: intravenous every 4 hours PRN
 Start: S

promethazine (PHENERGAN) tablet 12.5-25 mg

Dose: 12.5-25 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) 25 mg in sodium chloride 0.9 % 50 mL 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 |

LORazepam (ATIVAN) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

LORazepam (ATIVAN) injection 0.5-1 mg

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

haloperidol (HALDOL) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

haloperidol lactate (HALDOL) injection 0.5-1 mg

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

metoclopramide (REGLAN) tablet 10 mg

Dose: 10 mg Route: oral every 4 hours PRN
Start: S

metoclopramide (REGLAN) injection 10 mg

Dose: 10 mg Route: intravenous every 4 hours PRN
Start: S

dexamethasone (DECADRON) tablet 10 mg

Dose: 10 mg Route: oral every 12 hours PRN
Start: S

dexamethasone (DECADRON) injection 10 mg

Dose: 10 mg Route: intravenous every 12 hours PRN
Start: S

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 90 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 | 90 mg/m2 | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |

Post-Medications

pegfilgrastim (NEULASTA) on-body injection kit 6 mg

Dose: 6 mg Route: subcutaneous once for 1 dose
Start: S End: S

Instructions:

Apply to intact, nonirritated skin on the back of the arm or abdomen (only use the back of the arm if caregiver is available to monitor On-body injection status).

Discharge Nursing Orders

Interval: -- Occurrences: --
Comments: Discontinue IV.

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 2,3

Repeat 2 times

Cycle length: 28 days

Day 1

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

BASIC METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

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

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments:

- Potassium (Normal range 3.5 to 5.0mEq/L)
- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
 - o Protocol applies only to same day lab value.
 - o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
 - o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
 - o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
 - o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
 - o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
 - o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --
 Comments: Magnesium (Normal range 1.6 to 2.6 mg/dL)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0 mg/dL, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2 mg/dL, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5 mg/dL, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mg/dL or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Nursing Orders

TREATMENT CONDITIONS 7

Interval: -- 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.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

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

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
 Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|-----------------|-------------|-------|------------|-----------|
| | ONDANSETRON | Medications | 16 mg | Main | No |
| | HCL 2 MG/ML | | | Ingredient | |
| | INTRAVENOUS | | | | |
| | SOLUTION | | | | |
| | DEXAMETHASONE | Medications | 12 mg | Yes | No |
| | 10 MG/ML | | | | |
| | INJECTION | | | | |
| | SOLUTION | | | | |
| | SODIUM | Base | 50 mL | Yes | Yes |
| | CHLORIDE 0.9 % | | | | |
| | INTRAVENOUS | | | | |
| | SOLUTION | | | | |
| | DEXTROSE 5 % IN | Base | 50 mL | No | Yes |
| | WATER (D5W) | | | | |
| | INTRAVENOUS | | | | |
| | SOLUTION | | | | |

ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
Start: S End: S 11:30 AM

dexAMETHasone (DECADRON) tablet 12 mg

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

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM
Instructions:
For OUTPATIENT use only.

fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB

Dose: 150 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|--|-------------|--------|-----------------|-----------|
| | FOSAPREPITANT 150 MG INTRAVENOUS SOLUTION | Medications | 150 mg | Main Ingredient | Yes |
| | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 145 mL | Yes | Yes |

Breakthrough Anti-Emetics

diphenhydrAMINE (BENADRYL) tablet 12.5-25 mg

Dose: 12.5-25 mg Route: oral every 4 hours PRN
Start: S

diphenhydrAMINE (BENADRYL) injection 12-25 mg

Dose: 12-25 mg Route: intravenous every 4 hours PRN
Start: S

promethazine (PHENERGAN) tablet 12.5-25 mg

Dose: 12.5-25 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) 25 mg in sodium chloride 0.9 % 50 mL 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 |

LORazepam (ATIVAN) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

- LORazepam (ATIVAN) injection 0.5-1 mg**
Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

- haloperidol (HALDOL) tablet 0.5-1 mg**
Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

- haloperidol lactate (HALDOL) injection 0.5-1 mg**
Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

- metoclopramide (REGLAN) tablet 10 mg**
Dose: 10 mg Route: oral every 4 hours PRN
Start: S

- metoclopramide (REGLAN) injection 10 mg**
Dose: 10 mg Route: intravenous every 4 hours PRN
Start: S

- dexamethasone (DECADRON) tablet 10 mg**
Dose: 10 mg Route: oral every 12 hours PRN
Start: S

- dexamethasone (DECADRON) injection 10 mg**
Dose: 10 mg Route: intravenous every 12 hours PRN
Start: S

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB
Dose: 90 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 | 90 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

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

Interval: -- Occurrences: --

Chemotherapy

**● RiTUXimab (PF) (RITUXAN) 375 mg/m2 in
sodium chloride 0.9% NON-INITIAL INFUSION
IVPB**

Dose: 375 mg/m2 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.

| 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 | 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).

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|--------------|--------------------|-----------|
| | RITUXIMAB 10 MG/ML CONCENTRATE.IN | Medications | 375 mg/m2 | Main Ingredient | Yes |

| | | | | |
|--|---------|--------|-----|-----|
| TRAVENOUS 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: -- 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

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Interval: -- 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)

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

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Interval: -- Occurrences: --
 Comments: Discontinue IV.

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

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

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.

Pre-Medications

ondansetron (ZOFTRAN) 16 mg, dexamethasone

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

Dose: 16 mg Route: intravenous once over 15 Minutes for 1 dose
Start: S

Ingredients:

| Name | Type | Dose | Selected | Adds Vol. |
|---|-------------|-------------|--------------------|------------------|
| ONDANSETRON HCL 2 MG/ML INTRAVENOUS SOLUTION | Medications | 16 mg | Main Ingredient | No |
| DEXAMETHASONE 10 MG/ML INJECTION SOLUTION | Medications | 12 mg | Yes | No |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |
| DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION | Base | 50 mL | No | Yes |

ondansetron (ZOFTRAN) tablet 16 mg

Dose: 16 mg Route: oral once for 1 dose
Start: S End: S 11:30 AM

dexAMETHasone (DECADRON) tablet 12 mg

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

palonosetron (ALOXI) injection 0.25 mg

Dose: 250 mcg Route: intravenous once for 1 dose
Start: S End: S 3:00 PM
Instructions:
For OUTPATIENT use only.

fosaprepitant (EMEND) 150 mg in sodium chloride 0.9% 150 mL IVPB

Dose: 150 mg Route: intravenous once over 30 Minutes for 1 dose
Start: S

| Ingredients: | Name | Type | Dose | Selected | Adds Vol. |
|--------------|---|-------------|--------|-----------------|-----------|
| | FOSAPREPITANT 150 MG | Medications | 150 mg | Main Ingredient | Yes |
| | INTRAVENOUS SOLUTION SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | QS Base | 145 mL | Yes | Yes |

Breakthrough Anti-Emetics

diphenhydramine (BENADRYL) tablet 12.5-25 mg

Dose: 12.5-25 mg Route: oral every 4 hours PRN
Start: S

diphenhydramine (BENADRYL) injection 12-25 mg

Dose: 12-25 mg Route: intravenous every 4 hours PRN
Start: S

promethazine (PHENERGAN) tablet 12.5-25 mg

Dose: 12.5-25 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) 25 mg in sodium chloride 0.9 % 50 mL 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 |

LORazepam (ATIVAN) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

LORazepam (ATIVAN) injection 0.5-1 mg

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

haloperidol (HALDOL) tablet 0.5-1 mg

Dose: 0.5-1 mg Route: oral every 4 hours PRN
Start: S

haloperidol lactate (HALDOL) injection 0.5-1 mg

Dose: 0.5-1 mg Route: intravenous every 4 hours PRN
Start: S

metoclopramide (REGLAN) tablet 10 mg

Dose: 10 mg Route: oral every 4 hours PRN
Start: S

metoclopramide (REGLAN) injection 10 mg

Dose: 10 mg Route: intravenous every 4 hours PRN
Start: S

dexamethasone (DECADRON) tablet 10 mg

Dose: 10 mg Route: oral every 12 hours PRN
Start: S

dexamethasone (DECADRON) injection 10 mg

Dose: 10 mg Route: intravenous every 12 hours PRN
Start: S

Chemotherapy

bendamustine (BENDEKA) 90 mg/m2 in sodium chloride 0.9 % 50 mL chemo IVPB

Dose: 90 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 | 90 mg/m2 | Main Ingredient | Yes |
| SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION | Base | 50 mL | Yes | Yes |

Post-Medications

pegfilgrastim (NEULASTA) on-body injection kit 6 mg

Dose: 6 mg Route: subcutaneous once for 1 dose
Start: S End: S

Instructions:

Apply to intact, nonirritated skin on the back of the arm or abdomen (only use the back of the arm if caregiver is available to monitor On-body injection status).

Discharge Nursing Orders

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Interval: -- Occurrences: --
Comments: Discontinue IV.

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.

