

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 ma/dL. aive 2 aram maanesium		

- 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 (ZOFRAN) 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 (ZOFRAN) 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

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 (ZOFRAN) 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 (ZOFRAN) 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

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)	Base		No	Yes

**INTRAVENOUS
SOLUTION**

**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,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: 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	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 %	QS Base	250 mL	Yes	Yes

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

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: --
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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 (ZOFRAN) 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 (ZOFRAN) 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

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
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 (ZOFRAN) 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 (ZOFRAN) 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 Inaredient	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

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% 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	Medications	375 mg/m2	Main Ingredient	Yes

CONCENTRATE, IN TRAVENOUS 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	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: -- 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

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

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

ONC NURSING COMMUNICATION 76
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.