

# OP RITUXIMAB 375

Types: ONCOLOGY TREATMENT

Synonyms: RITUX, LYMPHOMA, 375

<b>Cycle 1</b>	Repeat 1 time	Cycle length: 21 days
<b>Day 1</b>	Perform every 1 day x1	
<b>Appointment Requests</b>		
<b>INFUSION APPOINTMENT REQUEST</b>		
Interval: -- Occurrences: --		
<b>Labs</b>		
<input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>LDH</b>		
Interval: -- Occurrences: --		
<input type="checkbox"/> <b>URIC ACID LEVEL</b>		
Interval: -- Occurrences: --		
<b>Outpatient Electrolyte Replacement Protocol</b>		
<b>TREATMENT CONDITIONS 39</b>		
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		
<b>TREATMENT CONDITIONS 40</b>		
Interval: -- Occurrences: --		
Comments: Magnesium (Normal range 1.6 to 2.6mEq/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 Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP		
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV		
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV		
o Serum Magnesium 1.6 mEq/L or areater. 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

Provider Communication

**ONC PROVIDER COMMUNICATION 58**

Interval: -- 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 \*\*\*.

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.

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	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) 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	Medications		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, 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: -- 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

##### 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.

Cycles 2 to 6

Repeat 5 times

Cycle length: 21 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: --

**MAGNESIUM LEVEL**

Interval: --                      Occurrences: --

**LDH**

Interval: --                      Occurrences: --

**URIC ACID LEVEL**

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 2.6mEq/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 Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP

- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L 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

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increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
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	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

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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.

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	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

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-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: --  
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**ONC NURSING COMMUNICATION 76**

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Comments: Discontinue IV.

Discharge Nursing Orders

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Dose: 500 Units Route: intra-catheter once PRN  
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