## **OP RITUXIMAB / BORTEZOMIB**

Types: ONCOLOGY TREATMENT

Synonyms: RITUX, LYMPHOMA, 375, BORTEZ, VELC

Cycle 1		Repeat 1	
Day		ntmant Deguants	Perform every 1 day x1
	Appo	ntment Requests INFUSION APPOINTM	ENT REQUEST
		Interval:	Occurrences:
	Labs		
		☑ CBC WITH PLATELET	AND DIFFERENTIAL
		Interval:	Occurrences:
		☑ COMPREHENSIVE ME	TABOLIC PANEL
		 Interval:	Occurrences:
		✓ MAGNESIUM LEVEL	
		Interval:	Occurrences:
		□ LDH	
		Interval:	Occurrences:
		□ URIC ACID LEVEL	
		Interval:	Occurrences:
	Outpa	tient Electrolyte Replaceme	
		TREATMENT CONDIT	Occurrences: 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 Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 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 CONDIT Interval: Comments:	Occurrences: 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

**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 \*\*\*.

**Nursing Orders** 

**TREATMENT CONDITIONS 21** 

Interval: -- Occurrences: --

Comments: Day 1: HOLD and notify provider if ANC LESS than 1000; Platelets

LESS than 50,000; Hemoglobin LESS than 8.

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

Chemotherapy

bortezomib (VelCADE) 1.6 mg/m2 in sodium

chloride 0.9 % chemo injection

Dose: 1.6 mg/m2 Route: subcutaneous once over 3-5 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration.

72 hours between doses is recommended. **Ingredients:** Name

NameTypeDoseSelectedAdds Vol.BORTEZOMIB 3.5Medications1.6MainNo

BORTEZOMIB 3.5 Medications 1.6 Main MG SOLUTION mg/m2 Ingredient

FOR INJECTION
SODIUM Base

SODIUM Base Always Yes CHLORIDE 0.9 %

INJ	<b>ECT</b>	ION
SO	LUT	ION

#### 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**

Route: intravenous Dose: 375 mg/m2 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: Type Dose Selected Adds Vol. Name **RITUXIMAB 10** Medications 375 Main Yes MG/ML Ingredient mg/m2

CONCENTRATE, IN TRAVENOUS

SODIUM Base Yes Yes

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

DEXTROSE 5 % IN Base No Yes

Ingredient

Yes

Yes

Yes

No

WATER (D5W) **INTRAVENOUS** SOLUTION

## 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** Main Medications Yes

> MG/ML CONCENTRATE, IN

**TRAVENOUS** 

SODIUM Base

CHLORIDE 0.9 % **INTRAVENOUS** SOLUTION

DEXTROSE 5 % IN Base

WATER (D5W) **INTRAVENOUS** SOLUTION

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	Medications	375	Main	Yes
	MG/ML		mg/m2	Ingredient	
	CONCENTRATE, IN		· ·	· ·	
	TRAVENOUS				
	SODIUM	QS Base	250 mL	Yes	Yes
	CHLORIDE 0.9 %				
	INTRAVENOUS				
	SOLUTION				
	DEXTROSE 5 % IN	QS Base		No	Yes
	WATER (D5W)				
	INTRAVENOUS				

#### Rituximab Instructions

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

Interval: -- Occurrences: --

Comments: 1) During Rituximab infusion:

SOLUTION

-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

	Dose: 25 mg Start: S	Route: intravenous	once PRN	
	diphenhydrAMINE (BE	ENADRYL) injection 25		
	<b>mg</b> Dose: 25 mg Start: S	Route: intravenous	once PRN	
	hydrocortisone sodiu (Solu-CORTEF) injecti Dose: 100 mg		once PRN	
	famotidine (PEPCID) i Dose: 20 mg Start: S	njection 20 mg Route: intravenous	once PRN	
Rituxi		ALIN) 1 mg/1 mL injection	on	
	<b>0.3 mg</b> Dose: 0.3 mg Start: S	Route: intramuscular	once PRN	
Disch	arge Nursing Orders			
	ONC NURSING COMM			
	Interval: Comments:	Occurrences: Discontinue IV.		
Disch	arge Nursing Orders			
		flush 20 mL		
	Dose: 20 mL	Route: intravenous	PRN	
	☑ HEParin, porcine (PF)	injection 500 Units		
	Dose: 500 Units Start: S Instructions: Concentration: 100 un Implanted Vascular A	Route: intra-catheter nits/mL. Heparin flush for	once PRN	
	maintenance.			
Days 8,15,				Perform every 7 days x3
Appoi	intment Requests INFUSION APPOINTM Interval:	ENT REQUEST Occurrences:		
Labs				
		AND DIFFERENTIAL		
	Interval:	Occurrences:		
	✓ COMPREHENSIVE ME Interval:			
		Occurrences		
	✓ MAGNESIUM LEVEL Interval:	Occurrences:		
	□ LDH			
	Interval:	Occurrences:		
	☐ URIC ACID LEVEL			
	Interval:	Occurrences:		
Outpa	atient Electrolyte Replaceme			
	TREATMENT CONDIT Interval:	IONS 39 Occurrences:		
	intorvai.	Coodifolioos.		

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"

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

#### **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 \*\*\*.

#### **Nursing Orders**

#### **TREATMENT CONDITIONS 22**

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 750; Platelets LESS than

25,000; Hemoglobin LESS than 8.

#### 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 Dose: 25 mg once for 1 dose Route: intravenous Start: S Instructions: Give 30 minutes before rituximab infusion. sodium chloride 0.9 % infusion 500 mL Dose: 500 mL Route: intravenous continuous Start: S Chemotherapy bortezomib (VelCADE) 1.6 mg/m2 in sodium chloride 0.9 % chemo injection Dose: 1.6 mg/m2 Route: subcutaneous once over 3-5 Minutes for 1 dose Offset: 30 Minutes Instructions: DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended. Ingredients: Selected Adds Vol. Name Dose Type Medications **BORTEZOMIB 3.5** Main No 1.6 MG SOLUTION Ingredient mg/m2 FOR INJECTION SODIUM Base Always Yes CHLORIDE 0.9 % **INJECTION** SOLUTION Pharmacy Consult PHARMACY CONSULT TO SCREEN FOR **RAPID RITUXIMAB INFUSION** Interval: --Occurrences: --Chemotherapy 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: Selected Adds Vol. Name Type Dose **RITUXIMAB 10** Medications Main Yes MG/ML Ingredient CONCENTRATE, IN TRAVENOUS SODIUM Yes Yes Base CHLORIDE 0.9 % INTRAVENOUS SOLUTION

DEXTROSE 5 % IN Base

WATER (D5W) INTRAVENOUS No

Yes

#### SOLUTION

### RiTUXimab (PF) (RITUXAN) 375 mg/m2 in O sodium chloride 0.9% 250 mL RAPID INFUSION

**RATE IVPB** 

Dose: 375 mg/m2 once over 90 Minutes for 1 dose Route: intravenous

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	Medications	375	Main	Yes	
	MG/ML		mg/m2	Ingredien	t	
	CONCENTRATE, IN		_	_		
	TRAVENOUS					
	SODIUM	QS Base	250 mL	Yes	Yes	
	CHLORIDE 0.9 %					
	INTRAVENOUS					
	SOLUTION					
	DEXTROSE 5 % IN	QS Base		No	Yes	
	WATER (D5W)					
	INTRAVÈNOUS					
	SOLUTION					

#### 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)

		Rituxi	imab	Infusion Reaction Order	S		
				meperidine (DEMEROL Dose: 25 mg Start: S		once PRN	
				diphenhydrAMINE (BE mg Dose: 25 mg	NADRYL) injection 25  Route: intravenous	once PRN	
				Start: S		Once I The	
				hydrocortisone sodium (Solu-CORTEF) injection			
				Dose: 100 mg	Route: intravenous	once PRN	
				famotidine (PEPCID) ir Dose: 20 mg Start: S	njection 20 mg Route: intravenous	once PRN	
		Rituxi	imab	Additional Orders			
				epINEPHrine (ADRENA 0.3 mg	ALIN) 1 mg/1 mL injection	on	
				Dose: 0.3 mg Start: S	Route: intramuscular	once PRN	
		Disch	arge	Nursing Orders	LINIO ATIONI 70		
				ONC NURSING COMM Interval:	Occurrences:		
				Comments:	Discontinue IV.		
		Disch	arge	Nursing Orders			
			V	sodium chloride 0.9 %	flush 20 mL		
				Dose: 20 mL	Route: intravenous	PRN	
			<b>✓</b>	HEParin, porcine (PF)	injection 500 Units		
				Dose: 500 Units Start: S	Route: intra-catheter	once PRN	
				Instructions: Concentration: 100 un	nits/mL. Heparin flush for		
				Implanted Vascular Admaintenance.	ccess Device		
Cycle	s 2 to	5		Repeat 4 t	times	Cycle length: 35 days	
•	Day 1	1					Perform every 1 day x1
		Appo	IIIIIIIE	ent Requests INFUSION APPOINTME	ENT REQUEST		
				Interval:	Occurrences:		
		Labs		ODO WITH DI ATELET	AND DIFFERENTIAL		
			V	CBC WITH PLATELET			
				Interval: COMPREHENSIVE ME	Occurrences:		
			V	Interval:	Occurrences:		
				MAGNESIUM LEVEL	Occurrences		
			<b>✓</b>	Interval:	Occurrences:		
				LDH	7.5		
				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 3.0mEg/L, give 40mEg KCL IV or

PO and contact MD/NP

o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 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

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

#### 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 \*\*\*.

#### **Nursing Orders**

#### **TREATMENT CONDITIONS 21**

Interval: -- Occurrences: --

Comments: Day 1: HOLD and notify provider if ANC LESS than 1000; Platelets

LESS than 50,000; Hemoglobin LESS than 8.

#### 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.

Dituvi	mab Pre-Medications					
MILUXII	acetaminophen (TYL) Dose: 650 mg Start: S Instructions:	ENOL) tablet 650 mg Route: oral ore rituximab infusion.	once for 1 do	se		
	diphenhydrAMINE (B mg	ENADRYL) injection 25				
	Dose: 25 mg Start: S Instructions:	Route: intravenous ore rituximab infusion.	once for 1 do	se		
-	sodium chloride 0.9					
	Dose: 500 mL Start: S	Route: intravenous	continuous			
Chem	otherapy					
		E) 1.6 mg/m2 in sodium				
	Dose: 1.6 mg/m2	Route: subcutaneous	once over 3-5 Offset: 30 Mir		or 1 dose	
	slowly to prevent bur	ANT. Administer drug rning upon administration. oses is recommended.  Name BORTEZOMIB 3.5	Type Medications		Main	<b>Adds Vol.</b> No
		MG SOLUTION FOR INJECTION SODIUM CHLORIDE 0.9 % INJECTION SOLUTION	Base	mg/m2	Ingredient Always	Yes
Pharm	nacy Consult					
	PHARMACY CONSUL RAPID RITUXIMAB IN Interval:					
Chem	otherapy					
0110111		UXAN) in sodium chlorid FUSION IVPB	е			
	Dose:	Route: intravenous	once for 1 do: Offset: 2 Hou			
	absence of infusion t mmHG of baseline, I 120 and TEMP less	· · · · · · · · · · · · · · · · · · ·	0			
	Ingredients:	Name RITUXIMAB 10 MG/ML CONCENTRATE,IN TRAVENOUS	<b>Type</b> Medications	Dose	Selected Main Ingredient	Adds Vol. Yes
		SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
		DEXTROSE 5 % IN	Base		No	Yes

WATER (D5W) INTRAVENOUS SOLUTION

# 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 RITUXIMAB 10 MG/ML CONCENTRATE,IN TRAVENOUS	<b>Type</b> Medications	Dose 375 mg/m2	Selected Main Ingredient	Adds Vol. 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)

	Rituxi	mab Infusion Reaction Order	S		
		meperidine (DEMERO) Dose: 25 mg Start: S	L) injection 25 mg Route: intravenous	once PRN	
		diphenhydrAMINE (BE	Route: intravenous	once PRN	
		Dose: 25 mg Start: S		Office PRIN	
		hydrocortisone sodiur (Solu-CORTEF) injection			
		Dose: 100 mg	Route: intravenous	once PRN	
		famotidine (PEPCID) in Dose: 20 mg Start: S	njection 20 mg Route: intravenous	once PRN	
	Rituxi	mab Additional Orders			
	Пис		ALIN) 1 mg/1 mL injection	on	
		Dose: 0.3 mg Start: S	Route: intramuscular	once PRN	
	Disch	arge Nursing Orders			
		ONC NURSING COMM Interval:	UNICATION 76 Occurrences:		
		Comments:	Discontinue IV.		
	Disch	arge Nursing Orders			
			flush 20 mL		
		Dose: 20 mL	Route: intravenous	PRN	
		☑ HEParin, porcine (PF)	injection 500 Units		
		Dose: 500 Units Start: S Instructions:	Route: intra-catheter	once PRN	
		Concentration: 100 ur Implanted Vascular Amaintenance.	nits/mL. Heparin flush for ccess Device		
Days					Perform every 7 days x3
	Appoi	ntment Requests INFUSION APPOINTMI Interval:	ENT REQUEST Occurrences:		
	Labs				
		☑ CBC WITH PLATELET	AND DIFFERENTIAL		
		Interval:	Occurrences:		
		☑ COMPREHENSIVE ME	TABOLIC 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 Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO 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

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

#### **Nursing Orders**

#### **TREATMENT CONDITIONS 22**

Interval: -- Occurrences: --

Comments: HOLD and notify provider if ANC LESS than 750; Platelets LESS than

25,000; Hemoglobin LESS than 8.

#### 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.

#### Chemotherapy

## bortezomib (VelCADE) 1.6 mg/m2 in sodium chloride 0.9 % chemo injection

Dose: 1.6 mg/m2 Route: subcutaneous once over 3-5 Minutes for 1 dose

Offset: 30 Minutes

Instructions:

DRUG IS AN IRRITANT. Administer drug slowly to prevent burning upon administration. 72 hours between doses is recommended.

Ingredients:

Name BORTEZOMIB 3.5

FOR INJECTION

CHLORIDE 0.9 % **INJECTION** SOLUTION

SODIUM

Type Medications 1.6 MG SOLUTION

Dose mg/m2 Selected Adds Vol.

Main No Ingredient

Base

Always Yes

Discharge Nursing Orders

**ONC NURSING COMMUNICATION 76** Interval: --Occurrences: --Comments: Discontinue IV.

Discharge Nursing Orders

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.