

Provider Communication

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider communication 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 ***.	Every visit	S	Until discount'd

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect	1 time a week	S	4 treatments
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect	1 time a week	S	4 treatments
<input type="checkbox"/> CD19 STAT, Status: Future, Expires: S+366, Clinic Collect	1 time a week	S	4 treatments
<input type="checkbox"/> CD20 enumeration STAT, Status: Future, Expires: S+366, Clinic Collect	1 time a week	S	4 treatments

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	1 time a week	S	4 treatments
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol At start of infusion: obtain vital signs every 15 minutes x 4, then every 30 minutes.	1 time a week	S	4 treatments
<input type="checkbox"/> Nursing communication: Monitor patient for any signs of MINOR INFUSION REACTION Monitor patient for any signs of infusion reaction. For minor infusion reaction (fever, chills, pruritis, urticaria, chest pain, mild hypotension, hypertension, or mild dyspnea) stop or slow infusion rate by 50%. If symptoms do not resolve within 5-10 minutes give Benadryl as ordered. Notify MD if symptoms do not resolve within 5-10 minutes. With MD approval, give Solu-medrol as ordered. When symptoms resolve, restart medication at 25% of the original rate. After 15-30 minutes gently increase rate and monitor patient closely until completion.	1 time a week	S	4 treatments
<input type="checkbox"/> Nursing communication: Monitor patient for signs of SEVERE INFUSION REACTION Monitor patient for signs of Severe Infusion Reaction: severe dyspnea, wheezing, stridor, angioedema, or marked hypotension. For severe infusion reaction take the following steps; STOP Infusion and start Normal Saline solution, Notify physician and administer Benadryl as ordered, Monitor vital signs, Administer Epinephrine as ordered. Consult MD for further orders.	1 time a week	S	4 treatments
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S, For 10 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> HEParin, porcine (PF) injection 500 Units 500 Units, intra-catheter, once PRN, line care, Starting S, For 1 Doses Flush portacath before removing needle from portacath.	1 time a week	S	4 treatments
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	1 time a week	S	Until discount'd
<input type="checkbox"/> Discontinue IV Details	1 time a week	S	4 treatments

Pre-Medications

	Interval	Defer Until	Duration
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Pre-Medications (continued)

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Give 30 minutes prior to start of infusion.	1 time a week	S	4 treatments
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet 25 mg 25 mg, oral, once, Starting S, For 1 Doses Give 30 minutes prior to start of infusion.	1 time a week	S	4 treatments

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% INITIAL INFUSION RATE IVPB 375 mg/m2, intravenous, once, Starting S, For 1 Doses Initial infusion: Start rate of 50 mg/hour; if there is no reaction, increase the rate by 50 mg/hour increments every 30 minutes, to a maximum rate of 400 mg/hour. Subsequent infusions: Start rate of 100 mg/hour, if there is no reaction, increase the rate by 100 mg/hour increments every 30 minutes, to a maximum rate of 400 mg/hour.	1 time a week	S	4 treatments

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 6 hours PRN, mild pain (score 1-3), headaches, fever, Starting S	1 time a week	S	4 treatments
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, for mild to moderate infusion reaction, Starting S, For 1 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 50 mg 50 mg, intravenous, once PRN, itching, for severe infusion reaction, Starting S, For 1 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.5 mg 0.5 mL, subcutaneous, once PRN, anaphylaxis, Starting S, For 1 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, intravenous, once PRN, for mild to moderate infusion reaction, Starting S, For 1 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 40 mg 40 mg, intravenous, once PRN, for infusion reaction, Starting S, For 1 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> ondansetron (ZOFran) injection 4 mg 4 mg, intravenous, once PRN, nausea, vomiting, Starting S, For 1 Doses	1 time a week	S	4 treatments
<input type="checkbox"/> promethazine (PHENERGAN) tablet 25 mg 25 mg, oral, every 6 hours PRN, nausea, vomiting, Starting S	1 time a week	S	4 treatments
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, once PRN, Hydration, Starting S, For 1 Doses	1 time a week	S	4 treatments