

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 discont'd

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details	Once	S	1 treatment
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Obtain vital signs, prior to Rituximab infusion, then every 15 minutes for 1 hour, then every 30 minutes for 1 hour, then every hour until infusion complete.	Once	S	1 treatment
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S	Once	S	1 treatment
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S	Once	S	1 treatment
<input type="checkbox"/> Discontinue IV Details	Once	S	1 treatment
<input type="checkbox"/> Notify physician Notify physician for temperature GREATER than 100 degrees, persistent chills, rigors, or SBP LESS than 100 or GREATER than 170.	Once	S	1 treatment

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses Premedicate 30-60 minutes prior to infusion.	Once	S	1 treatment
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once, Starting S, For 1 Doses Premedicate 30-60 minutes prior to infusion.	Once	S	1 treatment
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once, Starting S, For 1 Doses Premedicate 30-60 minutes prior to infusion.	Once	S	1 treatment

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> RiTUXImab (PF) (RITUXAN) in sodium chloride 0.9% INITIAL INFUSION RATE IVPB 375 mg/m ² , intravenous, once, Starting H+30 Minutes, For 1 Doses 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.	Once	S	1 treatment

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, PRN infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.5 mg 0.5 mg, subcutaneous, once PRN, anaphylaxis, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, intravenous, once PRN, PRN infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once PRN, infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/> meperidine (DEMEROL) injection 25 mg	PRN	S	Until discont'd

Interval

Defer Until

Duration

25 mg, intravenous, once PRN, PRN chills and rigors, Starting S, For 1 Doses

SLOW IV Push

Formulary approved non-pain management indication(s) :