

Rituximab Weekly for 4 Weeks

Rituximab (or biosimilar) 375 mg/m² weekly x4

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 7 days		4 treatments
Until discontinued Starting when released Until Specified			
Hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc) screening must be completed prior to initiation of treatment. Patients with evidence of current or prior hepatitis B infection should be monitored for hepatitis B virus reactivation during and after therapy.			
If the patient is at high risk for tuberculosis exposure, tuberculosis screening (PPD or QuantiFERON-TB Gold) should be completed prior to treatment initiation. If the result is indeterminate, additional evaluation should be performed as clinically indicated.			

Monitor patients for signs and symptoms of infection during and after rituximab treatment.

Supplemental Labs

☐ Hepatitis B Screening Labs			
☒ Hepatitis B Surface Antigen	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Surface Antibody Quant	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Core Antibody, Total	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Screening Labs			
☐ QUANTIFERON TB GOLD	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Skin Test	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			
☐ Read PPD	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			

	Interval	Defer Until	Duration
Labs			
☒ hCG, serum, qualitative Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine Inclusion conditions: Patient could become pregnant	Once		1 treatment
☒ CBC and differential Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Once		1 treatment
☒ Comprehensive metabolic panel Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Once		1 treatment
☒ Immunoglobulins (IgA, IgG, IgM), Quantitative Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Once		1 treatment
Nursing Orders			
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive, TB test result is positive, or if screening has not been performed.	Once		1 treatment
☒ Nursing communication Until discontinued Starting when released Until Specified During first riTUXimab infusion obtain vital signs at baseline, then every 15 minutes for the first hour, then every 30 minutes with rate escalation, then every hour for the duration of the infusion.	Once		1 treatment
Monitor patient for riTUXimab infusion related reactions for 1 hour (first infusion) after completion of riTUXimab infusion.			
☒ Nursing communication Until discontinued Starting when released Until Specified During riTUXimab infusion obtain vital signs at baseline, then every 30 minutes with rate escalation, then every hour for the duration of the infusion.	Once	S+7	1 treatment
Monitor patient for riTUXimab infusion related reactions for 30 minutes (second infusion) after completion of riTUXimab infusion.			
☒ Nursing communication Until discontinued Starting when released Until Specified During riTUXimab infusion obtain vital signs at baseline, then every 30 minutes with rate escalation, then every hour for the duration of the infusion.	Every 7 days	S+14	2 treatments
Monitoring not required for third infusion and beyond, if no previous infusion reactions. Lengthened monitoring recommended for previous infusion reactions, contact provider for guidance.			
Pre-Medications			
☒ AH PREMEDS ACETAMINOPHEN 650 / DIPHENHYDRAMINE 50 PO / LORATADINE 10 PO (PRN) / METHYLPREDNISOLONE 125 IV (OFFSET 0 MIN)			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once, Starting at treatment start time	Every 7 days		4 treatments
☒ diphenhydrAMINE (BENADryl) 50 mg 50 mg, oral, Once, Starting at treatment start time Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydrAMINE, not both.	Every 7 days		4 treatments
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, allergies, if diphenhydramine is not given, Starting at treatment start time, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydrAMINE, not both.	Every 7 days		4 treatments

	Interval	Defer Until	Duration
☒ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 125 mg 125 mg, intravenous, Once, Starting when released	Every 7 days		4 treatments
Therapeutic Medications			
☒ riTUXimab IVPB 375 mg/m2 375 mg/m2, intravenous, Once, Starting 30 minutes after treatment start time 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	Every 7 days		4 treatments
☒ riTUXimab IVPB 375 mg/m2 375 mg/m2, intravenous, Once, Starting 30 minutes after treatment start time 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	Every 7 days		4 treatments
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	Every 7 days		4 treatments
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	Every 7 days		4 treatments
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	Every 7 days		4 treatments
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	Every 7 days		4 treatments
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	Every 7 days		4 treatments
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	Every 7 days		4 treatments
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	Every 7 days		4 treatments
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	Every 7 days		4 treatments
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	Every 7 days		4 treatments
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	Every 7 days		4 treatments

	Interval	Defer Until	Duration
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	Every 7 days		4 treatments
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 7 days	4 treatments
Status: Once, Expected: S, Sched. Duration: 180 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes Field that must be completed by healthcare worker**