Spectrum Health

Patient Name
DOB
MRN
Physician
FIN

Physician's Orders
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Treatment Intent

☐ Conditioning	☐ Curative	☐ Mobilization	☐ Supportive
☐ Control	☐Maintenance	☐ Palliative	

Types: NON-ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE 2, ONCOLOGY SUPPORTIVE CARE 3, ONCOLOGY TREATMENT

Synonyms: RITUXAN, RITUXIMAB, RITUXIMAB-ABBS, TRUXIMA, RITUXIMAB-PVVR, RUXIENCE, AUTOIMMUNE HEMOLYTIC ANEMIA, GRANULOMATOSIS WITH POLYANGIITIS (WEGENER GRANULOMATOSIS), HODGKIN LYMPHOMA, NODULAR LYMPHOCYTE-PREDOMINATE, ADVANCED, NON-HODGKIN LYMPHOMA, NON-HODGKIN LYMPHOMA (RELAPSED/REFRACTORY, LOW-GRADE OR FOLLICULAR CD20-POSITIVE, B-CELL)

Cycle 1 — Cycle length: 7 days

Day 1 — Perform every 1 day x1

Provider Reminder

◉ **ONC PROVIDER REMINDER 2**

Interval: Until discontinued — Occurrences: 1 Treatment
Comments: Confirm that the appropriate informed consents have been signed and are located in the medical record.

Appointment Requests

◉ **ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST**

Interval: Once — Occurrences: 1 Treatment
Expected: S, Expires: S+365, 210 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Safety Parameters and Special Instructions

◉ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4**

Interval: Until discontinued — Occurrences: 1 Treatment
Comments: HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

Treatment Parameters

◉ **ONC MONITORING AND HOLD PARAMETERS 3**

Interval: Until discontinued — Occurrences: 1 Treatment
Comments: May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

CONTINUED ON PAGE 2 ➔

NOTE: ***Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.***

RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Labs

☑ **ONC PROVIDER REMINDER 28**

Interval: Until discontinued Occurrences: 1 Treatment

Comments: This patient does not qualify for pregnancy test based on the following criteria:
* Female, aged 12 to 60 years
* Uterus is still intact

If you disagree, consider adding a pregnancy test monthly prior to chemotherapy.

Selection conditions: Patient could NOT become pregnant

☑ **Pregnancy tests recommended for Females aged 12 to 60 with Uterus intact. Please order as appropriate for clinical presentation.**

Interval: Once Occurrences: 1 Treatment

Selection conditions: Patient could become pregnant

◯ **HCG, QUANTITATIVE**

Interval: Once Occurrences: 1 Treatment
Selection conditions: Patient could become pregnant

Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous

Nursing Orders

◉ **ONC NURSING COMMUNICATION 100**

Interval: Until discontinued Occurrences: 1 Treatment
Comments: May Initiate IV Catheter Patency Adult Protocol

Treatment Parameters

◉ **ONC MONITORING AND HOLD PARAMETERS 3**

Interval: Until discontinued Occurrences: 1 Treatment

Comments: May proceed with treatment if hepatitis B core antibody and surface antigen labs have been resulted prior to the first dose, and the results are negative.

Pre-Medications

◉ **acetaminophen (TYLENOL) tablet**

Dose: Route: Oral Once for 1 dose
☐ 325 mg Offset: 0 Hours
☐ 500 mg
☐ 650 mg
☐ 1000 mg

Instructions:

Administer 30 minutes prior to start of riTUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

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Spectrum Health

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Pre-Medications

☒ DIPHENHYDRAMINE (BENADRYL) CHOOSE ONE:

◯ diphenhydrAMINE (BENADRYL) capsule

Dose:
☐ 25 mg
☐ 50 mg

Route: Oral

Once for 1 dose
Offset: 0 Minutes

Instructions:
Administer 30 minutes prior to start of riTUXimab or biosimilar.

◯ diphenhydrAMINE (BENADRYL) injection

Dose:
☐ 25 mg
☐ 50 mg

Route: Intravenous

Once for 1 dose
Offset: 0 Hours

Instructions:
Administer 30 minutes prior to start of riTUXimab or biosimilar.

Pre-Medications

◉ ONC PROVIDER REMINDER 7

Interval: Until discontinued

Occurrences: 1 Treatment

Comments: HISTORY OF INFUSION REACTION: consider adding CORTICOSTEROID pre-medication prior to riTUXimab or biosimilar

◯ dexamethasone (DECADRON) 10 mg in sodium chloride 0.9 % 52.5 mL IVPB

Dose: 10 mg

Route: Intravenous

Once over 10 Minutes for 1 dose
Offset: 0 Hours

Instructions:

For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar.

◯ methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Dose: 125 mg

Route: Intravenous

Once for 1 dose
Offset: 0 Hours

Instructions:

For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

◯ hydrocortisone sodium succinate (PF) injection 100 mg

Dose: 100 mg

Route: Intravenous

Once for 1 dose
Offset: 0 Hours

Instructions:

For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar.

CONTINUED ON PAGE 4 ➔

RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Monoclonal Antibody

Select Either riTUXimab-pvvr (RUXIENCE) (preferred Formulary Product) OrriTUXimab-abbs (TRUXIMA) OR riTUXimab (RITUXAN). Defer to insurance requirements for specific product covered. Proceed with administration based on coverage. If more than one is approved, will confirm with ordering provider.

☐ **riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion 375 mg/m²**

Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.
INITIAL INFUSION: Start infusion at 50 mg/hr (25 mL/hr). For patients tolerating the infusion well, the rate of infusion may be increased in increments of 50 mg/hr (25 mL/hr) at intervals of 30 minutes to a maximum rate of 400 mg/hr (200 mL/hr).
SUBSEQUENT INFUSIONS: If patient tolerated initial infusion, start at 100 mg/hour (50 mL/hr); if there is no infusion-related reaction, increase the rate by 100 mg/hour (50 mL/hr) increments every 30 minutes, to a maximum rate of 400 mg/hour (200 mL/hr).

☐ **riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²**

Dose: 375 mg/m² Route: Intravenous Titrate over 90 Minutes for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

☐ **riTUXimab (RITUXAN) 2 mg/mL chemo infusion 375 mg/m²**

Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.
INITIAL INFUSION: Start infusion at 50 mg/hr (25 mL/hr). For patients tolerating the infusion well, the rate of infusion may be increased in increments of 50 mg/hr (25 mL/hr) at intervals of 30 minutes to a maximum rate of 400 mg/hr (200 mL/hr).
SUBSEQUENT INFUSIONS: If patient tolerated initial infusion, start at 100 mg/hour (50 mL/hr); if there is no infusion-related reaction, increase the rate by 100 mg/hour (50 mL/hr) increments every 30 minutes, to a maximum rate of 400 mg/hour (200 mL/hr).

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☐ **riTUXimab (RITUXAN) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²**

Dose: 375 mg/m² Route: Intravenous Titrate over 90 Minutes for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

Monoclonal Antibody

◉ **ONC NURSING COMMUNICATION 20**

Interval: Until discontinued Occurrences: 1 Treatment
Comments: CHEMOTHERAPY HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2-5 minutes until the patient is stable and symtpoms resolve.

Document type of chemotherapy infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

◉ **sodium chloride bolus 0.9 % 500 mL**

Dose: 500 mL Route: Intravenous PRN over 30 Minutes
Start: S For acute reduction in SBP or DBP by 20 mmHg or more

Instructions:
CHEMOTHERAPY HYPERSENSITIVITY REACTIONS: Have 500 ml NS bag at the bedside but not spiked until needed. Using a separate IV set up and tubing (DO NOT use the same IV tubing that was used to administer the medication that caused the reaction).

◉ **methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg**

Dose: 125 mg Route: Intravenous Once PRN over 5 Minutes
Start: S For acute reduction in SBP or DBP by 20 mmHg or more

Instructions:
CHEMOTHERAPY HYPERSENSITIVITY REACTIONS. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

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Spectrum Health

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Cycles 2 to 4 Repeat 3 times Cycle length: 7 days

Day 1 Perform every 1 day x1

Provider Reminder

◉ **ONC PROVIDER REMINDER 2**

Interval: Until discontinued Occurrences: 3 Treatments

Comments: Confirm that the appropriate informed consents have been signed and are located in the medical record.

Appointment Requests

◉ **ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST**

Interval: Once Occurrences: 3 Treatments

Expected: S, Expires: S+365, 210 minutes (calculated), Schedule appointment at most 3 days before or at most 3 days after

Nursing Orders

◉ **ONC NURSING COMMUNICATION 4**

Interval: Until discontinued Occurrences: 3 Treatments

Comments: If initial infusion tolerated well please check if ok to proceed with the accelerated rate for subsequent infusion of riTUXimab or biosimilar

Nursing Orders

◉ **ONC NURSING COMMUNICATION 100**

Interval: Until discontinued Occurrences: 3 Treatments

Comments: May Initiate IV Catheter Patency Adult Protocol

Pre-Medications

◉ **acetaminophen (TYLENOL) tablet**

Dose: Route: Oral Once for 1 dose

☐ 325 mg Offset: 0 Hours

☐ 500 mg

☐ 650 mg

☐ 1000 mg

Instructions:

Administer 30 minutes prior to start of riTUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

Pre-Medications

▣ **DIPHENHYDRAMINE (BENADRYL) CHOOSE ONE:**

◯ **diphenhydrAMINE (BENADRYL) capsule**

Dose: Route: Oral Once for 1 dose

☐ 25 mg Offset: 0 Minutes

☐ 50 mg

Instructions:

Administer 30 minutes prior to start of riTUXimab or biosimilar.

◯ **diphenhydrAMINE (BENADRYL) injection**

Dose: Route: Intravenous Once for 1 dose

☐ 25 mg Offset: 0 Hours

☐ 50 mg

Instructions:

Administer 30 minutes prior to start of riTUXimab or biosimilar.

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Spectrum Health

Patient Name
DOB
MRN
Physician
FIN

RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Pre-Medications

◉ **ONC PROVIDER REMINDER 7**

Interval: Until discontinued Occurrences: 3 Treatments
Comments: HISTORY OF INFUSION REACTION: consider adding CORTICOSTEROID pre-medication prior to riTUXimab or biosimilar

◯ **dexamethasone (DECADRON) 10 mg in sodium chloride 0.9 % 52.5 mL IVPB**

Dose: 10 mg Route: Intravenous Once over 10 Minutes for 1 dose
Offset: 0 Hours

Instructions:
For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar.

◯ **methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg**

Dose: 125 mg Route: Intravenous Once for 1 dose
Offset: 0 Hours

Instructions:
For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

◯ **hydrocortisone sodium succinate (PF) injection 100 mg**

Dose: 100 mg Route: Intravenous Once for 1 dose
Offset: 0 Hours

Instructions:
For patient with a history of reaction to riTUXimab or biosimilar. Administer 30 minutes prior to start of riTUXimab or biosimilar.

Monoclonal Antibody

Select Either riTUXimab-pvvr (RUXIENCE) ((PREFERRED FORMULARY PRODUCT) Or riTUXimab-abbs (TRUXIMA) OR riTUXimab (RITUXAN). Defer to insurance requirements for specific product covered. Proceed with administration based on coverage. If more than one is approved, will confirm with ordering provider.

◯ **riTUXimab-pvvr (RUXIENCE) 2 mg/mL chemo infusion 375 mg/m²**

Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

INITIAL INFUSION: Start infusion at 50 mg/hr (25 mL/hr). For patients tolerating the infusion well, the rate of infusion may be increased in increments of 50 mg/hr (25 mL/hr) at intervals of 30 minutes to a maximum rate of 400 mg/hr (200 mL/hr).

SUBSEQUENT INFUSIONS: If patient tolerated initial infusion, start at 100 mg/hour (50 mL/hr); if there is no infusion-related reaction, increase the rate by 100 mg/hour (50 mL/hr) increments every 30 minutes, to a maximum rate of 400 mg/hour (200 mL/hr).

◯ **riTUXimab-pvvr (RUXIENCE) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²**

Dose: 375 mg/m² Route: Intravenous Titrate over 90 Minutes for 1 dose
Offset: 30 Minutes

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

Monoclonal Antibody

◯ **riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion 375 mg/m²**
Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

INITIAL INFUSION: Start infusion at 50 mg/hr (25 mL/hr). For patients tolerating the infusion well, the rate of infusion may be increased in increments of 50 mg/hr (25 mL/hr) at intervals of 30 minutes to a maximum rate of 400 mg/hr (200 mL/hr).

SUBSEQUENT INFUSIONS: If patient tolerated initial infusion, start at 100 mg/hour (50 mL/hr); if there is no infusion-related reaction, increase the rate by 100 mg/hour (50 mL/hr) increments every 30 minutes, to a maximum rate of 400 mg/hour (200 mL/hr).

☐ **riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²**
Dose: 375 mg/m² Route: Intravenous Titrate over 90 Minutes for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

☐ **riTUXimab (RITUXAN) 2 mg/mL chemo infusion 375 mg/m²**
Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%

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☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

INITIAL INFUSION: Start infusion at 50 mg/hr (25 mL/hr). For patients tolerating the infusion well, the rate of infusion may be increased in increments of 50 mg/hr (25 mL/hr) at intervals of 30 minutes to a maximum rate of 400 mg/hr (200 mL/hr).

SUBSEQUENT INFUSIONS: If patient tolerated initial infusion, start at 100 mg/hour (50 mL/hr); if there is no infusion-related reaction, increase the rate by 100 mg/hour (50 mL/hr) increments every 30 minutes, to a maximum rate of 400 mg/hour (200 mL/hr).

☐ **riTUXimab (RITUXAN) 2 mg/mL chemo infusion (ACCELERATED INFUSION) 375 mg/m²**
Dose: 375 mg/m² Route: Intravenous Titrate over 90 Minutes for 1 dose
Offset: 30 Minutes

Base Solution:
☐ Sodium Chloride 0.9%
☐ Dextrose 5%

Instructions:
Before start of riTUXimab, riTUXimab-abbs, or riTUXimab-pvvr infusion, prime 0.9% sodium chloride 250 mL with primary tubing and have available at bedside in case of hypersensitivity or infusion reaction. Do NOT connect this saline with any other intravenous drugs, fluids, or blood products.

ACCELERATED infusion rate (90 minutes): Administer 20% of the dose over 30 minutes, then adjust the rate to complete the remaining 80% over 60 minutes (total 90 minute infusion).

Monoclonal Antibody

◉ **ONC NURSING COMMUNICATION 20**
Interval: Until discontinued Occurrences: 3 Treatments
Comments: CHEMOTHERAPY HYPERSENSITIVITY REACTIONS:
Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2-5 minutes until the patient is stable and symtpoms resolve.

Document type of chemotherapy infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

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Spectrum Health

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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

sodium chloride bolus 0.9 % 500 mL

Dose: 500 mL | Route: Intravenous | PRN over 30 Minutes
Start: S | For acute reduction in SBP or DBP by 20 mmHg or more

Instructions:
CHEMOTHERAPY HYPERSENSITIVITY REACTIONS: Have 500 ml NS bag at the bedside but not spiked until needed. Using a separate IV set up and tubing (DO NOT use the same IV tubing that was used to administer the medication that caused the reaction).

methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Dose: 125 mg | Route: Intravenous | Once PRN over 5 Minutes
Start: S | For acute reduction in SBP or DBP by 20 mmHg or more

Instructions:
CHEMOTHERAPY HYPERSENSITIVITY REACTIONS. To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE: 07/16/20

