Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071

ADULT AMBULATORY INFUSION ORDER

riTUXimab (RITUXAN) for Rheumatoid Arthritis

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note**.
2. Hepatitis B (Hep B surface antigen and core antibody) screening must be completed prior to initiation of therapy and the patient should not be infected.
3. Patient should have regular monitoring for hepatitis B, infection, and renal dysfunction.

PRE-SCREENING: (Results must be available prior to initiation of therapy):

- ☐ Hepatitis B Surface AG, serum, Routine, ONCE, prior to initiation of therapy if not already done
- ☐ Hepatitis B Core AB Qual, serum, Routine, ONCE, prior to initiation of therapy if not already done

OR

- ☐ Hepatitis B surface antigen and core antibody test results scanned with orders

LABS:

- ☐ CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – *Circle One*
- ☐ Liver Set (AST, ALT, BILI TOTAL, BILI DIRECT, ALK PHOS, ALB, PROT TOTAL), Routine, ONCE, every_____ (visit)(days)(weeks)(months) – *Circle One*
- ☐ Labs already drawn. Date: _____

NURSING ORDERS:

1. Please indicate result of Hepatitis B surface antigen and core antibody tests and date:
   Results positive (+) (date): _____ Results negative (-) (date): _____
2. **First infusion or prior infusion reactions**: infuse rituximab via pump (no additional filter is required) slowly at 50 mg/hr for the first hour. If no infusion related reactions are seen, increase rate gradually by 50 mg/hr every 30 minutes to a maximum of 400 mg/hr.
3. **Subsequent infusions if no infusion reactions**: infuse rituximab via pump at 100 mg/hr for the first hour. If no infusion related reactions are seen, increase rate gradually by 100 mg/hour every 30 minutes to a maximum of 400 mg/hour as tolerated.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes

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PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)
Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)

1. acetaminophen (TYLENOL) tablet, oral, ONCE, every visit
   - ☐ 650 mg
   - ☐ 325 mg
   - ☐ 500 mg
   - ☐ 1000 mg
2. diphenhydrAMINE (BENADRYL) capsule, oral, ONCE, every visit
   - ☐ 25 mg
   - ☐ 50 mg
3. loratadine (CLARITIN) tablet, oral, ONCE, every visit
   (Choose as alternative to diphenhydramine if needed)
   - ☐ 10 mg
   - ☐ 5 mg
4. methylPREDNISolone sodium succinate (SOLU-MEDROL), intravenous, ONCE, every visit
   - ☐ 125 mg
   - ☐ 40 mg

MEDICATIONS:

- riTUXimab (RITUXAN) 1000 mg in NaCl 0.9% 500 mL, intravenous, ONCE
  Final concentration is 2 mg/mL. **HIGH ALERT MEDICATION** Infuse per nursing order

Interval: ***(must check one)***

- ☐ Once
- ☐ Every 2 weeks x 2 doses
- ☐ Every ____ weeks x _____ doses

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction
5. famotidine (PEPCID) 20 mg, intravenous, AS NEEDED x1 dose, for hypersensitivity reaction
6. acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for fever related to riTUXimab infusion
7. meperidine (DEMEROL) injection, 25-50 mg, intravenous, EVERY 2 HOURS AS NEEDED for riTUXimab-related severe rigors in the absence of hypotension, not to exceed 50 mg/hr
8. sodium chloride 0.9% solution, 1000 mL, intravenous, AS NEEDED, Infuse at 200 mL/hr when riTUXimab is stopped for emergency or PRN medications

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By signing below, I represent the following:
I am responsible for the care of the patient (*who is identified at the top of this form*);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax**: _____

OLC Central Intake Nurse:
Phone: 971-262-9645 (providers only) Fax: 503-346-8058
Please check the appropriate box for the patient's preferred clinic location:

☐ **Beaverton**
OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

☐ **NW Portland**
Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

☐ **Gresham**
Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

☐ **Tualatin**
Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders