Physician’s Orders
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 10

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
Synonyms: RITUXAN, RHEUMATOLOGY, RITUXIMAB, RITUXIMAB-PVVR, RITUXIMAB-ABBs, RUXIENCE, TRUXIMA

Cycle 1
Day 1

ONCBNCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST
- Interval: Once
- Occurrences: 1 Treatment
- Perform every 1 day x1
- 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 3
- Interval: Until discontinued
- Occurrences: 1 Treatment
- RITUXIMAB DOSING INTERVAL - Rheumatoid arthritis: IV: 1,000 mg on days 1 and 15 (in combination with methotrexate); subsequent courses may be administered every 24 weeks (based on clinical evaluation), if necessary, may be repeated no sooner than every 16 weeks
- See dosing guidelines for other clinical indications as there are variations in dosing interval depending on clinical indication.

Safety Parameters and Special Instructions
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
- Interval: Until discontinued
- Occurrences: 1 Treatment
- HEPATITIS B VIRUS SURVEILLANCE AND MAINTENANCE RECOMMENDATIONS: Screen prior to treatment. Refer to specialist as warranted by serology.

CONTINUED ON PAGE 2 ➔
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 2 to 10

### Labs

- **HEPATITIS B SURFACE ANTIGEN**
  - Interval: Once
  - Occurrences: 1 Treatment
  - Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous
  - Comments: Prior to starting treatment

- **HEP B CORE TOTAL AB**
  - Interval: Once
  - Occurrences: 1 Treatment
  - Future: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood Venous
  - Comments: Prior to starting treatment

- **COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL**
  - Interval: Once
  - Occurrences: Once
  - Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

### 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
  - Selection conditions: Patient could NOT become pregnant

- **HCG, QUANTITATIVE**
  - Interval: Once
  - Occurrences: 1 Treatment
  - Selection conditions: Patient could become pregnant

- **HCG, QUANTITATIVE**
  - Interval: Once
  - Occurrences: 1 Treatment
  - 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.
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, 
EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - 
ADULT, OUTPATIENT, INFUSION CENTER  (CONTINUED)

Pre-Medications

◉ acetaminophen (TYLENOL) tablet
  Dose: 
  □ 325 mg  
  □ 500 mg  
  □ 650 mg  
  □ 1000 mg  
  Route: Oral  
  Once for 1 dose  
  Offset: 0 Hours  
  Instructions: 
  Administer 30 minutes prior to start of rTUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

◉ 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 rTUXimab 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 rTUXimab 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 rTUXimab or biosimilar. Administer 30 minutes prior to start of rTUXimab 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 rTUXimab or biosimilar. Administer 30 minutes prior to start of rTUXimab 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 rTUXimab or biosimilar. Administer 30 minutes prior to start of rTUXimab or biosimilar.

CONTINUED ON PAGE 4 ➔
**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 1,000 mg

- **Dose:** 1,000 mg
- **Route:** Intravenous
- **Titrate @ 25-200 mL/hr for 1 dose**
- **Offset:** 30 Minutes

**Base Solution:**
- [ ] Sodium Chloride 0.9%, 400 mL
- [ ] Dextrose 5%, 400 mL

**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 1,000 mg

- **Dose:** 1,000 mg
- **Route:** Intravenous
- **Titrate @ 25-200 mL/hr for 1 dose**
- **Offset:** 30 Minutes

**Base Solution:**
- [ ] Sodium Chloride 0.9%, 400 mL
- [ ] Dextrose 5%, 400 mL

**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) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 5 to 10

Objects

○ rITUXimab (RITUXAN) 2 mg/mL chemo infusion 1,000 mg
  - Dose: 1,000 mg
  - Route: Intravenous
  - Titrate @ 25-200 mL/hr for 1 dose
  - Offset: 30 Minutes

Base Solution:
- Sodium Chloride 0.9%, 400 mL
- Dextrose 5%, 400 mL

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).

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 symptoms 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
  - Start: S
  - Route: Intravenous
  - PRN over 30 Minutes
  - 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  
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. 
Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

Day 15  
Perform every 1 day x1
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 3

Interval: Until discontinued  
Occurrences: 1 Treatment
Comments: RITUXIMAB DOSING INTERVAL - Rheumatoid arthritis: IV: 1,000 mg on days 1 and 15 (in combination with methotrexate); subsequent courses may be administered every 24 weeks (based on clinical evaluation), if necessary may be repeated no sooner than every 16 weeks
See dosing guidelines for other clinical indications as there variations in dosing interval depending on clinical indication.

Labs

COMPLETE BLOOD COUNT (CBC) W/DIFFERENTIAL

Interval: Once  
Occurrences: Once
Future: S, Expires: S+183, URGENT, Clinic Collect, Blood, Blood Venous

Nursing Orders

ONC NURSING COMMUNICATION 9

Interval: Until discontinued  
Occurrences: 1 Treatment
Comments: Check that labs indicated for THIS Treatment Cycle have been drawn within the last 96 hours or draw them in clinic prior to beginning treatment.

ONC NURSING COMMUNICATION 200

Interval: Until discontinued  
Occurrences: 1 Treatment
Comments: May Initiate IV Catheter Patency Adult Protocol.
### Pre-Medications

**acetaminophen (TYLENOL) tablet**
- **Dose:**
  - 325 mg
  - 500 mg
  - 650 mg
  - 1000 mg
- **Route:** Oral
- **Instructions:**
  - Administer 30 minutes prior to start of rITUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

**diphenhydramine (BENADRYL) injection**
- **Dose:**
  - 25 mg
  - 50 mg
- **Route:** Intravenous
- **Instructions:**
  - Administer 30 minutes prior to start of rITUXimab or biosimilar.

### ONC PROVIDER REMINDER 7

**dexamethasone (DECADRON) 10 mg in sodium chloride 0.9 % 52.5 mL IVPB**
- **Dose:** 10 mg
- **Route:** Intravenous
- **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
- **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. Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

**hydrocortisone sodium succinate (PF) injection 100 mg**
- **Dose:** 100 mg
- **Route:** Intravenous
- **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.

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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) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 9 to 10

- **RITUXIMAB (RITUXAN)** 2 mg/mL chemo infusion 1,000 mg
  - Dose: 1,000 mg
  - Route: Intravenous
  - Titrate @ 25-200 mL/hr for 1 dose
  - Offset: 30 Minutes

**Base Solution:**
- □ Sodium Chloride 0.9%, 400 mL
- □ Dextrose 5%, 400 mL

**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.

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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).

**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 symptoms 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
- 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).
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, EVERY 14 DAYS TIMES 2, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Dose: 125 mg  
Route: Intravenous  
Once PRN over 5 Minutes  
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.

Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

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.

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EPIC VERSION DATE: 07/16/20