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

RITUXIMAB OR BIOSIMILAR WEEKLY X 4 OP
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  ☐ 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-GRAD e OR FOLLICULAR CD20-POSITIVE, B-CELL)

Cycle 1
Day 1
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.
### 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:**  
  - [☐] 325 mg
  - [☐] 500 mg
  - [☐] 650 mg
  - [☐] 1000 mg

- **Route:** Oral

- **Offset:** 0 Hours

- **Instructions:** Administer 30 minutes prior to start of ritUXimab or biosimilar. Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.
RITUXIMAB (RITUXAN) WITH BIOSIMILAR,
WEEKLY TIMES 4, FOR CHEMOTHERAPY -
ADULT, OUTPATIENT, INFUSION CENTER  (CONTINUED)

<table>
<thead>
<tr>
<th>Pre-Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIPHENHYDRAMINE (BENADRYL) CHOOSE ONE:</strong></td>
</tr>
<tr>
<td>☐ diphenhydrAMINE (BENADRYL) capsule</td>
</tr>
<tr>
<td>Dose:</td>
</tr>
<tr>
<td>☐ 25 mg</td>
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<tr>
<td>☐ 50 mg</td>
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<tr>
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<tbody>
<tr>
<td><strong>ONC PROVIDER REMINDER 7</strong></td>
</tr>
<tr>
<td>Interval: Until discontinued</td>
</tr>
<tr>
<td>Comments: HISTORY OF INFUSION REACTION: consider adding CORTICOSTEROID pre-medication prior to riTUXimab or biosimilar</td>
</tr>
<tr>
<td>☐ dexamethasone (DECADRON) 10 mg in sodium chloride 0.9 % 52.5 mL IVPB</td>
</tr>
<tr>
<td>Dose: 10 mg</td>
</tr>
<tr>
<td>Instructions:</td>
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<td>☐ methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg</td>
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<td>Dose: 125 mg</td>
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<tr>
<td>Instructions:</td>
</tr>
<tr>
<td>☐ hydrocortisone sodium succinate (PF) injection 100 mg</td>
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<td>Dose: 100 mg</td>
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<td>Instructions:</td>
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RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)  

<table>
<thead>
<tr>
<th>Monoclonal Antibody</th>
<th>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.</th>
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<tr>
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<th>Dose: 375 mg/m²</th>
<th>Route: Intravenous</th>
<th>Titrate @ 25-200 mL/hr for 1 dose</th>
<th>Offset: 30 Minutes</th>
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<tr>
<td>Base Solution:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.9%</td>
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</tr>
<tr>
<td>Dextrose 5%</td>
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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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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).  

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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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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).  

CONTINUED ON PAGE 5 ➔
RITUXIMAB (RITUXAN) WITH BIOSIMILAR, WEEKLY TIMES 4, FOR CHEMOTHERAPY - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

☐ **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).

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**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).

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

<table>
<thead>
<tr>
<th>Cycles 2 to 4</th>
<th>Repeat 3 times</th>
<th>Cycle length: 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td></td>
<td>Perform every 1 day x1</td>
</tr>
</tbody>
</table>

**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: 325 mg
  - Route: Oral
  - Once for 1 dose
  - Offset: 0 Hours

**Pre-Medications**
- **DIPHENHYDRAMINE (BENADRYL) CHOOSE ONE:**
  - **diphenhydrAMINE (BENADRYL) capsule**
    - Dose: 25 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
    - 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: 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

**methypREDNiSolone sodium succinate (SOLU-Medrol) injection 125 mg**

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

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

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

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 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

CONTINUED ON PAGE 8 ➔
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

<table>
<thead>
<tr>
<th>Selection</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>[ ] riTUXimab-abbs (TRUXIMA) 2 mg/mL chemo infusion 375 mg/m²</td>
<td>Dose: 375 mg/m² Route: Intravenous Titrate @ 25-200 mL/hr for 1 dose Offset: 30 Minutes</td>
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Page 9 to 10

☐ Dextrose 5%

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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:
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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.

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 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.

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

Page 10 to 10

- **sodium chloride bolus 0.9 % 500 mL**
  - **Dose:** 500 mL
  - **Route:** Intravenous
  - **Start:** S
  - **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
  - **Start:** S
  - **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.

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.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
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</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
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Pager #

EPIC VERSION DATE: 07/16/20