Physician's Orders
RITUXIMAB, WEEKLY - PEDIATRIC, OUTPATIENT, INFUSION CENTER
Page 1 of 5

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: ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE 2, ONCOLOGY SUPPORTIVE CARE 3, NON-ONCOLOGY SUPPORTIVE CARE, Non-Oncology Supportive Care 2, Non-Oncology Supportive Care 3
Synonyms: NEPHROLOGY, RHEUMATOLOGY, RITUXAN, ITP, EVANS, HEMATOLOGY, RUXIENCE, TRUXIMA

Cycles 1 – 4
Day 1

Appointment Requests

- **ONCBCN INFUSION APPOINTMENT REQUEST**
  - Interval: Once
  - Expected: S, Expires: S+365, No date restriction
  - Tx labs, Chemo
  - Occurrences: 1 Treatment

Provider Reminder

- **ONC PROVIDER REMINDER 14**
  - Interval: Until discontinued
  - Comments: Pretreatment with acetaminophen and an antihistamine is recommended. For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.
  - Occurrences: 1 Treatment

Treatment Parameters

- **RENAL FUNCTION PANEL**
  - Interval: STAT
  - Expected: S, Blood, Blood Central Line
  - Occurrences: 1 Treatment

- **C3 COMPLEMENT**
  - Interval: STAT
  - Expected: S, Blood, Blood Central Line
  - Occurrences: 1 Treatment

- **C4 COMPLEMENT**
  - Interval: STAT
  - Expected: S, Blood, Blood Central Line
  - Occurrences: 1 Treatment

CONTINUED ON PAGE 2 ➔

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

<table>
<thead>
<tr>
<th><strong>COMPLETE BLOOD COUNT (CBC) W/MANUAL DIFF</strong></th>
</tr>
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<tbody>
<tr>
<td>Interval: STAT</td>
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<thead>
<tr>
<th><strong>CD20 BY FLOW CYTOMETRY</strong></th>
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<thead>
<tr>
<th><strong>PROTEIN/CREAT RATIO, URINE</strong></th>
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<tr>
<th><strong>RETICULOCYTE COUNT WITH RETICULOCYTE HEMOGLOBIN</strong></th>
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<tr>
<td>Interval: STAT</td>
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### Hydration

<table>
<thead>
<tr>
<th><strong>sodium chloride 0.9% (NS) infusion</strong></th>
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<tbody>
<tr>
<td>Dose: 65 mL/m²/hr</td>
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<tr>
<td>Start: S</td>
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</table>

Instructions:
Infuse until start of Rituximab.

### Monoclonal Antibody

**ACETAMINOPHEN (TYLENOL), CHOOSE ONE:**

- **acetaminophen (TYLENOL) tablet 15 mg/kg**
  - Dose: 15 mg/kg | Route: Oral | Every 6 hours for 2 doses |
  - Start: S |
  - Instructions:
    - Administer 30 minutes prior to rituximab.
    - Recommended maximum single dose is 1000 mg.
    - No more than 5 doses from all sources in 24-hour period, not to exceed 4000 mg/day.

- **acetaminophen (TYLENOL) 32 MG/ML suspension 15 mg/kg**
  - Dose: 15 mg/kg | Route: Oral | Every 6 hours for 2 doses |
  - Start: S |
  - Instructions:
    - Administer 30 minutes prior to rituximab.
    - Recommended maximum single dose is 1000 mg.
    - No more than 5 doses from all sources in 24-hour period, not to exceed 4000 mg/day.
## DIPHENHYDRAMINE (BENADRYL), CHOOSE ONE:

1. **diphenhydramine (BENADRYL) injection 1 mg/kg**
   - **Dose:** 1 mg/kg  
   - **Route:** Intravenous  
   - **Start:** S  
   - **Every 6 hours for 2 doses**
   - **Instructions:** Administer 30 minutes prior to rituximab.  
   - **Recommended maximum single dose is 50 mg.**

2. **diphenhydramine (BENADRYL) 12.5 mg/5ml elixir 1 mg/kg**
   - **Dose:** 1 mg/kg  
   - **Route:** Oral  
   - **Every 6 hours for 2 doses**
   - **Instructions:** Administer 30 minutes prior to rituximab.  
   - **Recommended maximum single dose is 50 mg.**

3. **diphenhydramine (BENADRYL) capsule 1 mg/kg**
   - **Dose:** 1 mg/kg  
   - **Route:** Oral  
   - **Every 6 hours for 2 doses**
   - **Start:** S  
   - **Instructions:** Administer 30 minutes prior to rituximab.  
   - **Recommended maximum single dose is 50 mg.**

## Methylprednisolone sodium succinate (Solu-Medrol) injection 0.5 mg/kg

- **Dose:** 0.5 mg/kg  
- **Route:** Intravenous  
- **Start:** S  
- **Once over 30 Minutes for 1 dose**
- **Instructions:** Administer 30 minutes prior to rituximab.  
- **Recommended maximum single dose is 1000 mg.**
- **Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.**

## ONC PROVIDER REMINDER 25

- **Interval:** Until discontinued  
- **Occurrences:** 1 Treatment  
- **Comments:** Ruxience is the Spectrum Health preferred product for rituximab. If insurance dictates, alternate products are available under suggested protocol orders. Go to actions, add orders and refer to the left side navigation pane.
Monoclonal Antibody Select Either rITUXimab-pvvr (RUXIENCE) (PREFERRED FORMULARY PRODUCT) Or rITUXimab (RITUXAN) Or rITUXimab-abbs (TRUXIMA). 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)**
  - 1 mg/mL chemo infusion (subsequent infusion) 375 mg/m²
  - Dose: 375 mg/m²
  - Route: Intravenous
  - Titrate for 1 dose
  - Start: S

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

  **Instructions:**
  - Hold hydration during infusion.

  **INITIAL DOSE INFUSION RATE:** Start IV infusion at _____ mL/hour (0.5 mL/kg/hour, maximum rate 50 mL/hour) for 60 minutes. If patient tolerates without reaction, may escalate infusion rate by _____ mL/hour (0.5 mL/kg/hour, maximum 50 mL/hour) every 30 minutes up to a maximum rate of _____ mL/hour (4 mL/kg/hour, maximum 400 mL/hour).

  **SUBSEQUENT DOSE - STANDARD INFUSION RATE:** Start IV infusion at _____ mL/hour (1 mL/kg/hour, maximum rate 100 mL/hour) for 60 minutes. If patient tolerates without reaction, may escalate infusion rate by _____ mL/hour (1 mL/kg/hour, maximum 100 mL/hour) every 30 minutes up to a maximum of _____ mL/hour (4 mL/kg/hour, maximum 400 mL/hour).

- **rITUXimab (RITUXAN)**
  - 1 mg/mL chemo infusion (subsequent infusion) 375 mg/m²
  - Dose: 375 mg/m²
  - Route: Intravenous
  - Titrate for 1 dose
  - Start: S

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

  **Instructions:**
  - Hold hydration during infusion.

  **INITIAL DOSE INFUSION RATE:** Start IV infusion at _____ mL/hour (0.5 mL/kg/hour, maximum rate 50 mL/hour) for 60 minutes. If patient tolerates without reaction, may escalate infusion rate by _____ mL/hour (0.5 mL/kg/hour, maximum 50 mL/hour) every 30 minutes up to a maximum rate of _____ mL/hour (4 mL/kg/hour, maximum 400 mL/hour).

  **SUBSEQUENT DOSE - STANDARD INFUSION RATE:** Start IV infusion at _____ mL/hour (1 mL/kg/hour, maximum rate 100 mL/hour) for 60 minutes. If patient tolerates without reaction, may escalate infusion rate by _____ mL/hour (1 mL/kg/hour, maximum 100 mL/hour) every 30 minutes up to a maximum of _____ mL/hour (4 mL/kg/hour, maximum 400 mL/hour).

- **rITUXimab-abbs (TRUXIMA)**
  - 1 mg/mL chemo infusion (subsequent infusion) 375 mg/m²
  - Dose: 375 mg/m²
  - Route: Intravenous
  - Titrate for 1 dose
  - Start: S

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

  **Instructions:**
  - Hold hydration during infusion.

  **INITIAL DOSE INFUSION RATE:** Start IV infusion at _____ mL/hour (0.5 mL/kg/hour, maximum rate 50 mL/hour) for 60 minutes. If patient tolerates without reaction, may escalate infusion rate by _____ mL/hour (0.5 mL/kg/hour, maximum 50 mL/hour) every 30 minutes up to a maximum rate of _____ mL/hour (4 mL/kg/hour, maximum 400 mL/hour).

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### Extravasation Guidelines

#### ONC NURSING COMMUNICATION 10
- Interval: Until discontinued
- Occurrences: 1 Treatment
- Comments:
  1. When an extravasation is suspected, stop the infusion. Disconnect the IV tubing, attach a syringe to the end of the catheter or butterfly and attempt to aspirate any residual drug from the site.
  2. Contact the attending provider. Use of pharmacologic antidotes remains controversial. The attending will determine if other pharmacologic treatments are appropriate.
  3. For more details about extravasation management refer to: https://members.childrensoncologygroup.org/_files/disc/Nursing/ExtravasationReference.pdf (this link is available on the Springboard Report)
  4. Ensure patient/parent is educated about the extravasation and follow-up assessments.

#### ONC NURSING COMMUNICATION 53
- Interval: Until discontinued
- Occurrences: 1 Treatment
- Comments:
  Rituximab is not an irritant or vesicant and extravasation does not require any local care.