

RiTUXimab (RITUXAN) infusion (RESTRICTED) [3305]

RiTUXimab (RITUXAN) is restricted to Rheumatology, Solid Organ Transplant, and Neurology services for non-oncology indications.

IV Fluids

Medications

Pre-Medications

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once, For 1 Doses Give for headache or pain 60 minutes PRIOR to RiTUXimab infusion.
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) 25 mg Injection or Oral Capsule	"Or" Linked Panel
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, once, For 1 Doses Give 30 minutes before RiTUXimab infusion.
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once, For 1 Doses Give 30 minutes before RiTUXimab infusion.
<input checked="" type="checkbox"/> sodium chloride 0.9 % infusion	500 mL, intravenous, at 30 mL/hr, continuous Infuse 500 mL of Normal Saline at 30 mL/hr

RiTUXimab (RITUXAN) Infusion (RESTRICTED) (Single Response)

() RiTUXimab (PF) (RITUXAN) BSA-Based Dosing	375 mg/m ² , intravenous, once, For 1 Doses Prior to initiation of therapy, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Date Drawn:
() RiTUXimab (PF) (RITUXAN) Fixed Dosing	1,000 mg, intravenous, once, For 1 Doses Prior to initiation of therapy, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Date Drawn:

For Infusion Reaction Symptoms

<input checked="" type="checkbox"/> meperidine (DEMEROL) injection	25 mg, intravenous, once PRN, Drug-induced rigors, for chills and rigors infusion reaction If symptoms persist, call prescribing physician. Formulary approved non-pain management indication(s) : Drug-induced rigors
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once PRN, for infusion reaction
<input checked="" type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection	100 mg, intravenous, once PRN, for infusion reaction
<input checked="" type="checkbox"/> famotidine (PEPCID) injection	20 mg, intravenous, once PRN, for infusion reaction

For Anaphylactic Reaction

<input checked="" type="checkbox"/> epINEPHrine (ADRENALIN) injection vial	0.3 mg, subcutaneous, once PRN, anaphylaxis If needed for anaphylaxis, administer immediately and call prescribing physician.
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Labs

Labs
Per HM policy, hepatitis B & C serologies must be available in the 6 months prior to initiation of rituximab

<input type="checkbox"/> Hepatitis B surface antigen	Once
<input type="checkbox"/> Hepatitis B surface antibody	Once
<input type="checkbox"/> Hepatitis B core antibody total	Once
<input type="checkbox"/> Hepatitis B core antibody IgM	Once
<input type="checkbox"/> Hepatitis C antibody	Once

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders