

**Rituximab (Ruxience, Trusima, Riabni) Order Set**
 = Optional Order     = Routine Order    (Cross out and initial **BULLETED ORDERS** that do not apply)

**ORDERS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Diagnosis Code: (ICD-10) \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ (kg)

Allergies: \_\_\_\_\_

Hepatitis B Test Result: \_\_\_\_\_ Test Date: \_\_\_\_\_ *\*Initial Hepatitis B Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

- **Provider responsible for evaluating pregnancy status in patients who may be pregnant prior to treatment**

**PRE-MEDICATIONS**

- Acetaminophen - 650 mg, Oral: To be given 30 minutes prior to each infusion.
- diphenhydramine - 25 mg, Oral: To be given 30 minutes prior to each infusion.
- SOLU-Medrol - 125 mg, IV Push: To be given prior to each infusion.
- Famotidine – 20 mg, oral. Tab. Give prior to treatment.
- Famotidine – 20 mg, IV Push. Injection. Give prior to treatment.

**MEDICATIONS**

- riTUXimab-pvvr (Ruxience) IVPB \_\_\_\_\_ mg, IVPB, Frequency \_\_\_\_\_
- riTUXimab-abbs (Truxima) IVPB \_\_\_\_\_ mg, IVPB, Frequency \_\_\_\_\_
- riTUXimab-arrx (Riabni) IVPB \_\_\_\_\_ mg, IVPB, Frequency \_\_\_\_\_

**COMMUNICATION ORDERS**

- Initial infusion: Start infusion at a rate of 50 mg/hour; if there is no infusion-related reaction, increase the rate by 50 mg/hour increments every 30 minutes, to a maximum rate of 400 mg/hour.
- Subsequent infusions: If patient tolerated initial infusion, start at 100 mg/hour; if there is no infusion-related reaction, increase the rate by 100 mg/hour increments every 30 minutes, to a max rate of 400 mg/hour.
- Perform cardiac monitoring during & after rituximab infusion in rheumatoid arthritis patients & in pts with preexisting cardiac disease, a history of arrhythmia or angina, or if clinically significant arrhythmias.
- Perform vital checks every 30 minutes until completion of infusion.
- Ensure that the patient has taken the pre-medications, if any.

**Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)**

- Slow or stop infusion for 20 minutes
- Give:
  - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
  - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
  - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
  - Albuterol (Albuterol HFA) 2 puff(s), inhale. As indicated, PRN shortness of breath or wheezing. Dose range 1-2 puffs.
- Place O2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name and Credentials (please print): \_\_\_\_\_ Time: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

