Lake Charles Memorial Health System

1PO

PO_ Rituximab Order Set
Last Revised: 02/22/2023

riTUXimab-abbs (Truxima) Order Set:

Patient Name: _____ DOB: _____
Height: _____ Weight: _____(kg) Allergies: _____

Assign as Outpatient
Diagnosis:
____M05.89 Other Rheumatoid Arthritis with Rheumatoid Factor of multiple sites
____M06.89 Other specified Rheumatoid Arthritis, multiple sites
____Other (ICD-10 Code): _____

Labs: To be done per MD office as Outpatient prior to admittance to Infusion Center.
Nursing: Assess patient for active infection prior to initiation of therapy; notify MD if present.
Premedication:

a. Give one hour prior to the start of the infusion:

____Acetaminophen 1000 mg PO x 1 dose
____diphenhydrAMINE 25 mg PO x 1 dose
____diphenhydrAMINE 50 mg PO x 1 dose

____Acetaminophen 650 mg PO x 1 dose
____diphenhydrAMINE 25 mg IV x 1 dose
____diphenhydrAMINE 50 mg IV x 1 dose

b. Wait 30 minutes from the initial Pre-medication start and administer:

____methylPREDNISolone _____ mg IV x 1 dose
____predniSONE _____mg PO x 1 dose

Rituximab-abbs (Truxima) – Begin infusion one hour after Pre-medications started:

____riTUXimab-abbs (Truxima) 1000 mg in Normal Saline 500 ml IV on days 1 and 15. Administer subsequent doses every 6 months.
____Duration_____
____Other_____

First Infusion: Administer IV at an initial rate of 50 mg/hour. Monitor vital signs every 30 minutes. If no hypersensitivity or infusion-related events occur, increase infusion rate in 50 mg/hr increments every 30 minutes, to a maximum of 400 mg/hr

Subsequent Infusions: Administer at an initial rate of 100 mg/hr. If no hypersensitivity or infusion-related events occur, increase by 100 mg/hr at 30 minute intervals to a maximum of 400 mg/hr, as tolerated. Interrupt the infusion or slow the infusion rate for mild-moderate infusion reactions. Continue the infusion at one-half the previous rate upon improvement of symptoms.

Severe Reactions: Stop infusion, initiate anaphylaxis protocol and notify MD.

IV Line Care:

- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge when infusion complete

New MD order required every 6 months unless defined in original order

Physician Signature: _____Date/Time:_____