Vancouver CoastalHealth
VA: VGH / UBCH / GFS
VC: BP / Purdy / GPC

ADDRESSOGRAPH

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

# RITUXIMAB INTRAVENOUS ORDERS

## For Indications Other Than Lymphoma

(items with check boxes must be selected to be ordered)



Time Processed
RN/LPN Initials
Comments

Date: _____ Time: _____

riTUXimab orders to be processed ONLY for approved indications. Please select one:

☐ pre-emptive riTUXimab therapy of Epstein-Barr virus-related post-transplant lymphoproliferative disease (PTLD) (BCCA Code: BMTLPDRIT)

For other indications, undesignated approval received from:

☐ BC Cancer Agency Compassionate Program, or _____ (BCCA Code: _____)

☐ BCPRA approval for glomerulonephritis: use GLOMERULONEPRITIS: RITUXIMAB ORDERS PPO #939

☐ Pharmacy Clinical Coordinator or designate (name) _____ (BCCA Code: not covered)

☐ Roche Patient Assistance Program (Patient's Own Medication)

☐ General consent signed

Cycle number (specify)_____of planned_____(specify) number of cycles

| Body Surface Area (BSA) Calculation: | |
|---|---|
| Height:_____cm | Actual Weight:_____kg |
| ▪ Height and weight to be verified by 2 RNs<br>▪ Document height and weight on Nursing Assessment Form | |
| $BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$<br>Round all BSA calculations to 1 decimal place | BSA =_____$m^2$ |

Dose to be calculated using actual BSA.

MONITORING:

First treatment with riTUXimab:

Vital signs every 15 minutes for the first half hour and then with every dose increase until stable dose rate is established, then hourly until 30 minutes after infusion is complete.

Subsequent treatments with riTUXimab:

Vital signs every 30 minutes for the first hour and then with every dose increase until stable dose rate is established, then hourly until 30 minutes after infusion is complete.

LABORATORY: Baseline before treatment

CBC with differential, creatinine, bilirubin (total & direct), AST, alkaline phosphatase, LDH

☐ Hepatitis B surface antigen, hepatitis B surface antibody, Hepatitis B core antibody (if not known)

_____ _____ _____
Prescriber's Signature | Printed Name | College ID

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Date: _____ Time: _____

PREMEDICATIONS:

acetaminophen 650 mg PO prior to riTUXimab and Q4H during the infusion

diphenhydrAMINE 50 mg PO prior to riTUXimab and Q4H during the infusion

Other: _____

MEDICATIONS:

Do not start treatment with riTUXimab after 13:00 unless physician is in the building during entire time of dosage increases and until patient is at a stable infusion rate.

RIXIMYO brand will be dispensed unless Patient's Own Medication is to be used

☐ Patient's Own Medication is to be used; Specify brand: _____

riTUXimab (375 mg/m$^2$, rounded to the nearest 50 mg)_____mg in sodium chloride 0.9% (NS) IV.

☐ x 1 dose. Give on (date): _____

☐ weekly x 4 doses *OR* _____ doses (specify)

Give on (date): _____; _____ ; _____ ; _____

First treatment with riTUXimab: Start infusion at 50 mg/h. After 60 minutes, increase rate by 50 mg/h every 30 minutes until rate equals 400 mg/h unless toxicity* occurs.

*OR*

Subsequent treatments with riTUXimab: Start infusion at 100 mg/h. Increase rate by 100 mg/h every 30 minutes until rate equals 400 mg/h unless toxicity* occurs.

*If BP falls to less than 80/50 mmHg or pulse increases to greater than 120 BPM or if flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain or any other new acute discomfort occurs, stop riTUXimab infusion and page physician.

After recovery of symptoms, restart riTUXimab infusion at one infusion rate below the rate at which the reaction occurred and continue with escalation of infusion rates on the appropriate schedule above. If the infusion must be stopped a second time, restart after clearance of symptoms, at one infusion rate lower and continue at that rate without further escalation

SUPPORT MEDICATIONS: Have available in Treatment Room

diphenhydrAMINE 50 mg IV Q4H PRN hypersensitivity reaction

epinephrine 1 mg/mL solution 0.3 mg (0.3 mL) to 0.5 mg (0.5 mL) IM (preferred route if platelet count above 70 x $10^9$/L) *OR* SUBCUTANEOUS Q5 to 15 MIN PRN anaphylaxis or hypotension

methylPREDNISolone 125 mg IV Q6H PRN hypersensitivity reaction

salbutamol 2.5 mg nebule for inhalation by nebulizer Q2 to 4H PRN dyspnea

DISCHARGE: Patient may leave when rituximab infusion is complete and patient is stable for 30 minutes

| _____ | _____ | _____ |
|---|---|---|
| Prescriber's Signature | Printed Name | College ID |