




THE UNIVERSITY OF KANSAS HOSPITAL 3901 Rainbow Boulevard Kansas City, Kansas 66160		Do not write in this box  DT0017	PATIENT LABEL
PHYSICIAN'S ORDER FORM		ORDERS	
DATE & TIME		#	
		RITUXIMAB (RITUXAN®)	
		Reference: www.rituxan.com accessed 3/6/2008.	
		Order Initiation Date: _____ <i>(Expires 6 months from initiation date)</i> Patient Weight: _____ kg	
1.		Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____	
2.		Diagnosis: ICD 9Code: <input type="checkbox"/> 273.3 Waldenstrom macroglobulinemia <input type="checkbox"/> 283.0 Autoimmune hemolytic anemia <input type="checkbox"/> 287.31 Immune thrombocytopenic purpura <input type="checkbox"/> 287.33 Congenital thrombocytopenic purpura <input type="checkbox"/> 714.0 Rheumatoid Arthritis <input type="checkbox"/> 287.30 Primary thrombocytopenia <input type="checkbox"/> 287.32 Evans' syndrome <input type="checkbox"/> 287.39 Other primary thrombocytopenia <input type="checkbox"/> Other: _____	
3.		Indications:	
4.		Allergies:	
5.		Labs to be drawn prior to infusion:	
6.		Nursing: <ul style="list-style-type: none"> • Obtain patient's VS prior to infusion, every 30 minutes while increasing rate, and at the completion of the infusion. • Assess for any medication reaction after last infusion. • Insert 22 gauge or 24 gauge peripheral IV and saline lock . • If the patient has a reaction to the medication, take VS every 15 minutes until the patient has no signs or symptoms of the medication reaction. May resume infusion at 50% previous rate when symptoms have completely resolved. • Do not shake medication. 	
7.		Pre-medication orders: <input type="checkbox"/> Dexamethasone (Decadron) _____mg IV prior to infusion. <input type="checkbox"/> Methylprednisolone (Solumedrol) 125 mg IV prior to infusion. <input type="checkbox"/> Acetaminophen (Tylenol) 500 mg po 30 minutes prior to infusion. <input type="checkbox"/> Loratadine (Claritin) 10 mg po 30 minutes prior to infusion. <input type="checkbox"/> Ibuprofen _____mg po 30 minutes prior to infusion. <input type="checkbox"/> Diphenhydramine (Benadryl) 25mg IV prior to the infusion.	
8.		IV Fluids: <ul style="list-style-type: none"> • Flush IV site with 10mL NS prior to the infusion and at the completion of the Rituximab infusion. 	
9.		Medications: <ul style="list-style-type: none"> • Intravenous Rituximab _____ IV on Day 1 and Day 15 then Q _____ X 6 months (standard dose is either 500 mg or 1000 mg). • First infusion (Day 1): Begin infusion at an initial rate of 50 mg/hour, if no infusion reaction occurs; increase the infusion rate in 50 mg/hour increments every 30 minutes to a maximum of 400 mg/hour. • Second infusion (Day 15) and all further infusions: begin infusion at a rate of 100 mg/hour, if no infusion reaction occurred on first infusion. If no infusion reaction occurs, increase at a rate of 100 mg/hour increments every 30 minutes to a maximum of 400 mg/hour. 	
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