ADVANCED
INFUSION CENTER

Rituximab Orders
(Rituxan / Ruxience / Truxima)

Patient name: _____ Date of birth: _____
Allergies: _____ Patient weight: _____ Lb. or KG
Diagnosis: _____ **ICD:**

Pre-Medications: ____ Tylenol 650 mg PO ____Benadryl 25 mg or 50 mg IV or PO _____Solu-Medrol 125mg IV

Medication Orders (circle one): Rituximab/ Ruxience/ Truxima: 1000mg IV every 2 weeks x 2 doses

Alternate dose: _____

Infusion rate for Rituximab 1000 mg/ 250 ml NS	Infusion rate for Rituximab 1000 mg/ 500 ml NS
12.5 ml/hr. x 6.25 ml	**25 ml/hr. x 12.5 ml**
25 ml/hr. x 12.5 ml	**50 ml/hr. x 25 ml**
37.5 ml/hr. x 18.75 ml	**75 ml/hr. x 37.5 ml**
50 ml/hr. x 25 ml	**100 ml/hr. x 50 ml**
62.5 ml/hr. x 31.25 ml	**125 ml/hr. x 62.5 ml**
75 ml/hr. x 37.5 ml	**150 ml/hr. x 75 ml**
87.5 ml/hr. x 43.75 ml	**175 ml/hr. x 87.5 ml**
100 ml/hr. until infusion completed	**200 ml/hr. until infusion completed**

For hypersensitivity or infusion-related reactions:	For anaphylaxis give:
• Stop Rituximab and start NS 250 ml IV bolus or SQ, may	* Epinephrine 1 mg/ml, Give 0.5 mg IM
• Give Solu-Medrol 100mg IVP and call physician	repeat twice at 5 to 15-minute intervals
• Give Benadryl 50 mg IVP prn chest	* Oxygen by nasal cannula @2-5 L/minute
• Call physician prior to restarting Rituximab	pain or dyspnea

Physician Signature: _____ **Date:** _____

Physician name (printed): **Office Number:** _____

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