



| INFUSION SUITE | | RITUXIMAB INFUSION ORDERS | |
|--|---|--|--|
| 406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102 | | Phone: 406-345-0211 | Fax: 747-205-0742 |
| PATIENT INFORMATION - Include Patient Demographics and Insurance Cards | | | |
| Name: | | DOB: | |
| MEDICAL INFORMATION | | | |
| ICD10: | | Patient Height: | |
| Patient Weight (kg): | | Allergies: | |
| *Weigh patient prior to each infusion | | | |
| REQUIRED TESTING | | | |
| <input type="checkbox"/> Hepatitis B: | <input type="checkbox"/> CBC: | *HepB Annual / CBC with platelets every 2-4 months | |
| Additional labs: | | | |
| <input type="checkbox"/> Insert IV | <input type="checkbox"/> Access Port/PICC | | |
| PREMEDICATIONS 30 minutes prior to starting | | | |
| <input type="checkbox"/> Acetaminophen: | <input type="checkbox"/> 325mg PO X1 | <input type="checkbox"/> 500mg PO X1 | <input type="checkbox"/> 650mg PO X1 |
| <input type="checkbox"/> Diphenhydramine: | <input type="checkbox"/> 25mg IVP X1 | <input type="checkbox"/> 25mg PO X1 | <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1 |
| <input type="checkbox"/> Solumedrol: | <input type="checkbox"/> 40mg IV X1 | <input type="checkbox"/> 100mg IV X1 | <input type="checkbox"/> 125mg IV X1 |
| <input type="checkbox"/> Antihistamine: | <input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1 | | |
| <input type="checkbox"/> Additional PRN: | | | |
| RITUXIMAB ORDERS | | | |
| <input type="checkbox"/> Rituxan | <input type="checkbox"/> Truxima | <input type="checkbox"/> Ruxience | |
| <input type="checkbox"/> Biosimilar allowed if insurance requirement | | | |
| <input type="checkbox"/> RA | 1000mg IV Day1, Day 15, then every _____ months X _____ | | |
| *No sooner than 16 weeks | | | |
| <input type="checkbox"/> GPA or MPA | 375 mg/m2 IV weekly X four weeks | | BSA Calculator |
| <input type="checkbox"/> Subsequent doses | 500mg IV Day 1, Day 15, then every 6 months X _____ | | |
| <input type="checkbox"/> Other: | _____ mg IV _____ | | |
| *See nursing considerations for scheduling instructions | | | |
| Mixed in: | <input type="checkbox"/> 1000mL | <input type="checkbox"/> 500mL | <input type="checkbox"/> 250mL |
| POST INFUSION | | | |
| <input type="checkbox"/> Flush IV line with NS. D/C IV. | | | |
| <input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port. | | | |
| <input type="checkbox"/> Discharge home | | | |
| Referring Provider Printed: | | | |
| Referring Provider Signature: | | Date: | |
| Referring Provider Phone: | | Referring Provider Fax: | |
| 406 Provider Printed: | | | |
| 406 Provider Signature: | | Date: | |

***Credentials must be included**

Infusion Directions

- Withdraw the necessary amount of Rituximab and dilute to a final concentration
- Gently invert the bag to mix the solution
- Infuse per rates tables below
- No filter tubing needed

Nursing Considerations:

Vital Signs should be monitored with every rate change
 Next treatment cycle should be scheduled from Day 1

Infusion Titration Rates for RA diagnosis:

- First infusion: rate is 50mg/hour with increased titration in the infusion rate of 50mg/hour every 30 minutes until you reach a maximum of 400mg/hour; total infusion time is 4 hours and 15 minutes
- Subsequent infusions: if patient tolerated previous infusion, begin at a rate of 100mg/hour, if no infusion related reactions occur, you can increase titration rate of 100mg/hour every 30 minutes until you reach a maximum of 400mg/hour; total infusion time is 3 hours and 15 minutes

Induction:

| First Infusion: Final desired concentration is <u>4mg/mL</u> mixed in 150mL NS (total volume = 250mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 50 | 13 | 7 ml |
| 100 | 25 | 13 ml |
| 150 | 38 | 19 ml |
| 200 | 50 | 25 ml |
| 250 | 63 | 32 ml |
| 300 | 75 | 38 ml |
| 350 | 88 | 44 ml |
| 400 | 100 | 50 ml |

| First Infusion: Final desired concentration is <u>2mg/mL</u> mixed in 400mL NS (total volume = 500mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 50 | 25 | 13 ml |
| 100 | 50 | 25 ml |
| 150 | 75 | 38 ml |
| 200 | 100 | 50 ml |
| 250 | 125 | 63 ml |
| 300 | 150 | 75 ml |
| 350 | 175 | 88 ml |
| 400 | 200 | 100 ml |

| First Infusion: Final desired concentration is <u>1mg/mL</u> mixed in 900mL NS (total volume = 1000mL) | | |
|--|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 50 | 50 | 25 ml |
| 100 | 100 | 50 ml |
| 150 | 150 | 75 ml |
| 200 | 200 | 100 ml |
| 250 | 250 | 125 ml |
| 300 | 300 | 150 ml |
| 350 | 350 | 175 ml |
| 400 | 400 | 200 ml |

Maintenance:

| Subsequent Infusion: Final desired concentration is <u>4mg/mL</u> mixed in 150mL NS (total volume = 250mL) | | |
|--|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 100 | 25 | 13 ml |
| 200 | 50 | 25 ml |
| 300 | 75 | 38 ml |
| 400 | 100 | 50 ml |

| Subsequent Infusion: Final desired concentration is <u>2mg/mL</u> mixed in 400mL NS (total volume = 500mL) | | |
|--|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 100 | 50 | 25 ml |
| 200 | 100 | 50 ml |
| 300 | 150 | 75 ml |
| 400 | 200 | 100 ml |

| Subsequent Infusion: Final desired concentration is <u>1mg/mL</u> mixed in 900mL NS (total volume = 1000mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 100 | 100 | 50 ml |
| 200 | 200 | 100 ml |
| 300 | 300 | 150 ml |
| 400 | 400 | 200 ml |

Infusion Titration rates for GPA/MPA diagnosis:

- Induction doses (4): rate is 50mg/hour with increased titration in the infusion rate of 50mg/hour every 30 minutes until you reach a maximum of 400mg/hour. Review the mixing table below
- Maintenance doses: if patient tolerated previous infusion, begin at a rate of 100mg/hour, if no infusion related reactions occur, titrate at a rate of 100mg/hour every 30 minutes until you reach a maximum of 400mg/hour
- Patient should receive initial treatment weekly X4, then ongoing treatment 6 months from last initial treatment (Day 1 / Day 15)
- Patient should be scheduled for next infusion 6 months from Day 1

Induction:

| Induction dose: Final desired concentration is <u>2mg/mL</u> mixed in 200mL NS (final volume = 250mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 50 | 25 | 13 ml |
| 100 | 50 | 25 ml |
| 150 | 75 | 38 ml |
| 200 | 100 | 50 ml |
| 250 | 125 | 63 ml |
| 300 | 150 | 75 ml |
| 350 | 175 | 88 ml |
| 400 | 200 | 100 ml |

| Induction dose: Final desired concentration is <u>1mg/mL</u> mixed in 450mL NS 0 (final volume = 500mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 50 | 50 | 25 ml |
| 100 | 100 | 50 ml |
| 150 | 150 | 75 ml |
| 200 | 200 | 100 ml |
| 250 | 250 | 125 ml |
| 300 | 300 | 150 ml |
| 350 | 350 | 175 ml |
| 400 | 400 | 200 ml |

Maintenance:

| Maintenance dose: Final desired concentration is <u>2mg/mL</u> mixed in 200mL NS (final volume = 250mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 100 | 50 | 25 ml |
| 200 | 100 | 50 ml |
| 300 | 150 | 75 ml |
| 400 | 200 | 100 ml |

| Maintenance dose: Final desired concentration is <u>1mg/mL</u> mixed in 450mL NS (final volume = 500mL) | | |
|---|-----------------|----------------------|
| Desired mg/hr | Pump rate mL/hr | Volume to be infused |
| 100 | 100 | 50 ml |
| 200 | 200 | 100 ml |
| 300 | 300 | 150 ml |
| 400 | 400 | 200 ml |