



Administer at least 30 minutes prior to treatment.

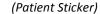


PHYSICIAN ORDER SET:

RITUXIMAB DERMATOLOGY (RA PROTOCOL 1000MG X 2 DOSES, 2 WEEKS APART)

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Patient:	DOB:	Gender:	
Patient Phone #:	Height:	Weight:	
Diagnosis:	CD-10 Code:		
Treatment Start Date:			
Provider Facility Name:	Provider Facility Address: _		<u> </u>
Ordering Provider:	Date:	-	
Signature:			
Complete, Sign, and fax this document to: **Please include H&P/current medications list/allergies, and e Pre-Medications	nsure that med authorization		
1 re-medications	Interval	Defer Until	Duration
□ acetaminophen (TYLENOL) tablet 650 mg	Every 2 weeks	Delei Olilli	2 treatments
650 mg, Oral, Once, Starting S, For 1 Doses Administer at least 30 minutes prior to treatment.			
☐ diphenhydrAMINE (BENADRYL) oral 25 mg	Every 2 weeks		2 treatments
25 mg, Oral, Once, Starting S, For 1 Doses			
Administer at least 30 minutes prior to treatment.	al) IV 20 mm . From: 0		O transfer out-
 methylprednisolone sodium succinate (SOLU-Medro 	ol) IV 30 mg Every 2 weeks		2 treatments
30 mg, Intravenous, Once, Starting S, For 1 Doses			





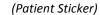
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Medications

			Interval	Defer Until	Duration
		riTUXimab (RITUXAN) IV 1,000 mg	Every 2		2 treatments
			weeks		
		1,000 mg, Intravenous, for 6 Hours, Once, Starting S, For 1 Doses			
		Administer 1000 mg x 2 doses, 2 weeks apart (RA Protocol) Begin infusion at 50 minutes to a maximum of 400mg/hr, if tolerated. Must use appropriate precautior start rate of 50 mg/hr; if there is no reaction, increase the rate by 50 mg/hr incren Instructions: Administer both the first and second infusion at an initial rate rate of mg/hour increments every 30 minutes, to a maximum of 400 mg/hour. If hyperser, T>101.3, mucosal edema, or a >30mm Hg decrease in SBP, interrupt the infuence with the suppretone of the infusion can continue at one-half the previous as tolerated. Subsequent Rituximab infusion can be administered at an initial rate 100mg/hour increments at 30-minute intervals, to a maximum of 400mg/hour as recorded at baseline and repeated x 1 at the first rate change (usually at the 1 hother end of the infusion. If the patient reacted to the previous dose, vitals are to be react to their previous dose, vitals should be taken at baseline and as needed for infusion. This applies to standard and rapid rates.	ns when handling and nents every 30 minute 50 mg/hour for the fir nsitivity or an infusion fusion, administer hy us rate and escalate in the of 100mg/hr for the stolerated. Monitoring our point), then taken the followed as per the first every sour point of the stolerated.	disposing of this ages to a max rate of 4 st hour; escalate the related event develon 50 mg/hr incremer first 30 minutes and instructions: Vital signs, symptoms girst dose (above). If	ent. Initial infusion: 00 mg/hr. e rate in 50 lops, such as, e medications, tis each half hour, then increased by gns checked and of reaction and at the patient did not
La	ıbs				
			Interval	Defer Until	Duration
		CBC and differential	Every 2		2 treatments
		Routine, Once, Starting S For 1 Occurrences, If deemed necessary based upon	weeks	mated differential a	manual
		differential may be performed	ine results of the auto	mateu umerentiai, a	illaliual
		Comprehensive metabolic panel	Every 2		2 treatments
		·	weeks		
		Routine, Once, Starting S For 1 Occurrences, consists of the following tests: Na, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST		ıcose, Creatinine, C	
		BUN	Every 2		2 treatments
		Destine Once Chartier C For 4 Occurrence	weeks		
	_	Routine, Once, Starting S For 1 Occurrences			
	Ш	Creatinine/eGFR	Every 2		2 treatments
		Routine, Once, Starting S For 1 Occurrences	weeks		
	$\overline{}$	Alanine aminotransferase (ALT)	Every 2		2 treatments
	ш	Admine difficultive (ALT)	weeks		2 trodunonto
		Routine, Once, Starting S For 1 Occurrences			
		Aspartate aminotransferase (AST)	Every 2		2 treatments
		·	weeks		
		Routine, Once, Starting S For 1 Occurrences			
Ca	athe	ter management			
			Interval	Defer Until	Duration
		Line Access	PRN		Until discont'd
		Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released			
		Insert peripheral IV, or access peripheral, or central venous access device, to pro-			
		alteplase (CATHFLO) 1 mg/mL injection 2 mg	PRN		Until discont'd
		2 mg, Intracatheter, As needed, line care, For central venous access device requerepeat once per lumen., Starting S		nister per institution	
		lidocaine-prilocaine (EMLA) cream	PRN	、	Until discont'd
		Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or p	on access, Starting S		



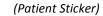


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Ca	athe	ter management (continued)			
			Interval	Defer Until	Duration
		heparin 100 units/mL flush 5 mL	PRN		Until discont'd
		5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting	g S		
		heparin 10 units/mL flush 3 mL	PRN		Until discont'd
		3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting	g S		
		heparin 10 units/mL flush 5 mL	PRN		Until discont'd
		5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting	g S		
		heparin 1000 units/mL flush 2 mL	PRN		Until discont'd
		2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per instituti FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHER			ITHDRAWN
		sodium chloride (NS) 0.9 % syringe flush 3 mL	PRN		Until discont'd
		3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting	g S		
		sodium chloride (NS) 0.9 % syringe flush 10 mL	PRN		Until discont'd
		10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Startin	ng S		
		sodium chloride (NS) 0.9 % syringe flush 20 mL	PRN		Until discont'd
		20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting	ng S		
		sodium chloride 0.9% infusion	PRN		Until discont'd
		20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to prov	vide treatment,	Starting S	
		D5W infusion	PRN		Until discont'd
		20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to prov	vide treatment,	Starting S	
_		and the Parties			
Er	nerg	gency Medications	<u> </u>		
		Duaviday and News Commerciation	Interval	Defer Until	Duration
		Provider and Nurse Communication Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAX)	PRN	n throat awalling wh	Until discont'd
		distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine administer oxygen as needed, monitor vital signs and proceed with administering adju	FIRST. Notify	provider and emerger	ncy personnel,
	_	indicated.	DDN		I lotil dia a ontid
	Ш	EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. Ma	PRN	1 doso Starting S	Until discont'd
		For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is ec			
	_	sodium chloride 0.9% bolus 1,000 mL	PRN	Ig/IIIL	Until discont'd
	Ш	1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starti		202	Offili discont d
	_			303	Until discont'd
	Ш	Oxygen Therapy - Non-Rebreather Routine	PRN		Ontil discont d
		Select a Mode of Therapy: Non-Rebreather			
	_		PRN		Until discont'd
	Ш	Tryptase STAT, Once, Starting S For 1 Occurrences	FKIN		Offili discont d
		Collect for mild-moderate, or SEVERE reaction			
Ну	/per	sensitivity			
			Interval	Defer Until	Duration
		Provider and Nurse Communication	PRN		Until discont'd
		Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate			
		and emergency personnel, administer oxygen as needed, monitor vital signs and proc indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.		istering medications	
		albuterol (ACCUNEB) nebulizer solution 2.5 mg	PRN	Ctorting C Fred D	Until discont'd
		2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, where the breath, wheezing, which was a single contraction of the second contraction of the	rmess of breath	i, starting 5, For 1 Do	JSES





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ypersensitivity (continued)		
	Interval Def	er Until Duration
□ acetaminophen (TYLENOL) tablet 975 mg	PRN	Until discont'd
975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses		
☐ diphenhydrAMINE (BENADRYL) injection 25 mg	PRN	Until discont'd
25 mg, Intravenous, As needed, itching, itching, hives. Begin with Starting S	25 mg. If patient has continued reaction, adn	ninister additional 25 mg,
☐ famotidine (PEPCID) injection 20 mg	PRN	Until discont'd
20 mg, Intravenous, Once as needed, other (free text field), Adjunct premed, Starting S, For 1 Doses	ct treatment for mild-moderate, or SEVERE r	reaction Hold if: given as
☐ cetirizine (ZyrTEC) tablet 10-20 mg	PRN	Until discont'd
10-20 mg, Oral, Once as needed, allergies, Adjunct treatment for r	mild-moderate, or SEVERE reaction, Starting	g S, For 1 Doses
HOLD IF giving fexofenadine.		
☐ fexofenadine (ALLEGRA) tablet 90-180 mg	PRN	Until discont'd
90-180 mg, Oral, Once as needed, allergies, Adjunct treatment for HOLD IF giving cetirizine.	mild-moderate, or SEVERE reaction, Starting	ng S, For 1 Doses
□ methylprednisolone sodium succinate (SOLU-Med	Irol) IV 40 mg PRN	Until discont'd
40 mg, Intravenous, Once as needed, other (free text field), Adjund Doses	,	reaction, Starting S, For 1
□ ondansetron (ZOFRAN) injection 4 mg	PRN	Until discont'd
4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 c	dose, Starting S, For 2 Doses	

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