COOLEY DICKINSON HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

(Patient Sticker)

PHYSICIAN ORDER SET :

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

Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained

Pre-Medications

	Interval	Defer Until	Duration
☐ **acetaminophen (TYLENOL) tablet 650 mg** 650 mg, Oral, Once, Starting S, For 1 Doses *Administer at least 30 minutes prior to treatment.*	Every 2 weeks		2 treatments
☐ **diphenhydrAMINE (BENADRYL) oral 25 mg** 25 mg, Oral, Once, Starting S, For 1 Doses *Administer at least 30 minutes prior to treatment.*	Every 2 weeks		2 treatments
☐ **methylprednisolone sodium succinate (SOLU-Medrol) IV 30 mg** 30 mg, Intravenous, Once, Starting S, For 1 Doses *Administer at least 30 minutes prior to treatment.*	Every 2 weeks		2 treatments

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Medications

	Interval	Defer Until	Duration
☐ **riTUXimab (RITUXAN) IV 1,000 mg**	Every 2 weeks		2 treatments

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 50mg/hr for the first hour may increase by 50mg/hr every 30 minutes to a maximum of 400mg/hr, if tolerated. Must use appropriate precautions when handling and disposing of this agent. Initial infusion: start rate of 50 mg/hr; if there is no reaction, increase the rate by 50 mg/hr increments every 30 minutes to a max rate of 400 mg/hr. Instructions: Administer both the first and second infusion at an initial rate rate of 50 mg/hour for the first hour; escalate the rate in 50 mg/hour increments every 30 minutes, to a maximum of 400 mg/hour. If hypersensitivity or an infusion-related event develops, such as, T>101.3, mucosal edema, or a >30mm Hg decrease in SBP, interrupt the infusion, administer hypersensitivity rescue medications. When symptoms have resolved, the infusion can continue at one-half the previous rate and escalate in 50 mg/hr increments each half hour, as tolerated. Subsequent Rituximab infusion can be administered at an initial rate of 100mg/hr for the first 30 minutes and then increased by 100mg/hour increments at 30-minute intervals, to a maximum of 400mg/hour as tolerated. Monitoring instructions: Vital signs checked and recorded at baseline and repeated x 1 at the first rate change (usually at the 1 hour point), then taken prn signs/symptoms of reaction and at the end of the infusion. If the patient reacted to the previous dose, vitals are to be followed as per the first dose (above). If the patient did not react to their previous dose, vitals should be taken at baseline and as needed for signs or symptoms of a reaction and at the end of the infusion. This applies to standard and rapid rates.

Labs

	Interval	Defer Until	Duration
☐ **CBC and differential**	Every 2 weeks		2 treatments

Routine, Once, Starting S For 1 Occurrences, If deemed necessary based upon the results of the automated differential, a manual differential may be performed

☐ **Comprehensive metabolic panel**	Every 2 weeks		2 treatments

Routine, Once, Starting S For 1 Occurrences, consists of the following tests: Na, K, Cl, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST

☐ **BUN**	Every 2 weeks		2 treatments

Routine, Once, Starting S For 1 Occurrences

☐ **Creatinine/eGFR**	Every 2 weeks		2 treatments

Routine, Once, Starting S For 1 Occurrences

☐ **Alanine aminotransferase (ALT)**	Every 2 weeks		2 treatments

Routine, Once, Starting S For 1 Occurrences

☐ **Aspartate aminotransferase (AST)**	Every 2 weeks		2 treatments

Routine, Once, Starting S For 1 Occurrences

Catheter management

	Interval	Defer Until	Duration
☐ **Line Access**	PRN		Until discont'd

Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified.

Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.

☐ **alteplase (CATHFLO) 1 mg/mL injection 2 mg**	PRN		Until discont'd

2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S

☐ **lidocaine-prilocaine (EMLA) cream**	PRN		Until discont'd

Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S

Catheter management (continued)

	Interval	Defer Until	Duration
☐ **heparin 100 units/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
☐ **heparin 10 units/mL flush 3 mL** 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
☐ **heparin 10 units/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
☐ **heparin 1000 units/mL flush 2 mL** 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
☐ **sodium chloride (NS) 0.9 % syringe flush 3 mL** 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
☐ **sodium chloride (NS) 0.9 % syringe flush 10 mL** 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
☐ **sodium chloride (NS) 0.9 % syringe flush 20 mL** 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
☐ **sodium chloride 0.9% infusion** 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
☐ **D5W infusion** 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

Emergency Medications

	Interval	Defer Until	Duration
☐ **Provider and Nurse Communication** Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
☐ **EPINEPHrine injection 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S *For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL*	PRN		Until discont'd
☐ **sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
☐ **Oxygen Therapy - Non-Rebreather** Routine *Select a Mode of Therapy: Non-Rebreather*	PRN		Until discont'd
☐ **Tryptase** STAT, Once, Starting S For 1 Occurrences *Collect for mild-moderate, or SEVERE reaction*	PRN		Until discont'd

Hypersensitivity

	Interval	Defer Until	Duration
☐ **Provider and Nurse Communication** Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
☐ **albuterol (ACCUNEB) nebulizer solution 2.5 mg** 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd

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Hypersensitivity (continued)

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