

INFUSION SUITE		RITUXIMAB INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
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"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV 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"/> Biosimilar allowed			
<input type="checkbox"/> Rituxan	<input type="checkbox"/> Truxima	<input type="checkbox"/> Ruxience	
<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/m <sup>2</sup> IV weekly X four weeks		<a href="#">BSA Calculator</a>
<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 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG 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