Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :
Rituximab Hematology

Patient: _____ DOB: _____ Gender:_____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address:_____

Ordering Provider: _____ Date: _____

Signature: _____

Criteria to Treat

		Interval	Defer Until	Duration
☐	**Criteria to Treat** Verify that the patient has: 1) a negative hepatitis B screen or is hepatitis B immune 2) a negative TB status or adequate TB treatment 3) not received a live vaccine with the last 4 weeks. If any of these criteria are not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider.	Every visit		Every Visit

Pre-Medications

		Interval	Defer Until	Duration
☐	**acetaminophen (TYLENOL) tablet 650 mg** 650 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐	**diphenhydrAMINE (BENADRYL) 12.5 mg/5 mL elixir 25 mg** 25 mg, Oral, Once, Starting at treatment start time, For 1 dose. HOLD IF: Given IV. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐	**diphenhydrAMINE (BENADRYL) injection 25 mg** 25 mg, Intravenous, Once as needed, Patient unable to tolerate PO, Starting when released, For 1 dose. HOLD IF: Given PO. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐	**loratadine (CLARITIN) tablet 10 mg** 10 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit
☐	**methylPRDEDNISolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every visit		Every Visit

Medications

		Interval	Defer Until	Duration
☐	**rituximab-abbs (TRUXIMA) in sodium chloride 0.9% IVPB** Dose: _____ Intravenous, Once, Starting 30 Minutes after treatment start time, For 1 dose, Intraveous, Once, Starting 30 minutes after treatment start time, For 1 dose.	1 time a week		2 treatments

Labs

		Interval	Defer Until	Duration
☐	**CBC and diifferential** Routine, Once, Starting when released.	1 time a week		Until discont'd
☐	**Comprehensive metabolic panel** Routine, Once, Starting when released	1 time a week		Until discont'd
☐	**Sedimentation rate (ESR)** Routine, Once, Starting when released	1 time a week		Until discont'd
☐	**C-Reactive Protein** Routine, Once, Starting when released	1 time a week		Until discont'd
☐	**CPK (creatine kinase)** Routine, Once, Starting when released	1 time a week		Until discont'd

Catheter Management

		Interval	Defer Until	Duration
☐	**Line Access** Routine, As needed, Starting when released, Until Specified. As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device to provide treatment.	PRN		PRN
☐	**alteplace (CATHFLO) 1mg/mL injection 2 mg** 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		PRN
☐	**lidocaine-prilocaine (EMLA) cream** Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		PRN
☐	**heparin (PF) 100 unit/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐	**heparin (PF) 10 unit/mL flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐	**heparin (PF) 10 unit/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN

☐	**heparin (PF) 1000 unit/mL catheter injection 2 mL** 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 3 mL** 3 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 10 mL** 10 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 20 mL** 20 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN	PRN
☐	**sodium chloride 0.9% infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released	PRN	PRN
☐	**D5W infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN

Emergency Medications/Anaphylaxis

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Once, Starting when released. 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		PRN
☐	**EPINEPHrine (ADRENALIN) injection 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
☐	**sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
☐	**Oxygen Therapy – Non-Rebreather** Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min Sp02 (%): 94	PRN		PRN

Hypersensitivity

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Until discontinued, Starting when released. 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 2.5mg/3 mL (0.83%) nebulizer solution** 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		Until discont'd
☐	**acetaminophen (TYLENOL) tablet 975 mg** 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		Until discont'd
☐	**diphenhydrAMINE (BENADRYL) injection 25 mg** 25 mg, Intravenous, As needed, itching, hives. Begin with 25 mg. If patient has continued reaction, administer 25 mg, Starting when released, For 1 dose	PRN		Until discont'd
☐	**famotidine (PEPCID) injection 20 mg in sodium choloride 0.9% 100 mL IVPB** 20 mg, Intravenous, Administer over 15 Minutes, at 400 mL/hr, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction. HOLD IF: given as premed, Starting when released, For 1 dose.	PRN		Until discont'd
☐	**cetirizine (ZyrTEC) tablet 10 mg** 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. HOLD IF: given fexofenadine	PRN		Until discont'd
☐	**fexofenadine (ALLEGRA) tablet 180 mg** 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderated, or SEVERE reaction, Starting at treatment start time, For 1 dose. HOLD IF: given cetirizine	PRN		Until discont'd
☐	**methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose	PRN		Until discont'd
☐	**ondansetron (PF) (ZOFRAN) Injection 4 mg** 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		Until discont'd
☐	**meperidine (PF) (DEMEROL) 50 mg/mL injections syringe 25 mg** 25 mg, Intravenous, Once as needed, rigors, Starting when released, For 1 dose Maximum MME/Day: Unknown for this order	PRN		Until discont'd