



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **x** to remove the pre-checked option.

**RITUXIMAB OR BIOSIMILAR (RITUXAN, RUXIENCE, OR TRUXIMA) INFUSION
(AUTO-IMMUNE DISORDERS) [11500390]
Columbia Network Infusion Centers**

Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ **I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Pre-Screening Labs

- ☒ Provider Communication
Provider to send Hep B screening lab results with completed orders.

Pre-Medications

Interval

- | | | |
|--|-------------|-------------|
| <input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg | Every Visit | Route: Oral |
| <input checked="" type="checkbox"/> diphenhydramine (BENADRYL) capsule 25 mg | Every Visit | Route: Oral |
| <input type="radio"/> loratadine (CLARITIN) tablet 10 mg | Every Visit | Route: Oral |
| <input type="radio"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 100 mg | Every Visit | Route: IV |

Supportive Care

Interval

PLEASE SELECT (AND OBTAIN INSURANCE AUTHORIZATION IF REQUIRED) FOR ONE OF THE PEACEHEALTH PREFERRED AGENTS BELOW. THEY ARE LISTED IN ORDER OF PREFERENCE.

- ☐ RITUXIMAB (RITUXAN) 1 MG/ML INFUSION Route: IV
Initial infusion: Start rate of 50ml/hr, if no reaction, increase rate by 50ml/hour increments every 30 minutes, to a maximum rate of 400ml/hour. If no reaction during 1st infusion, subsequent infusion may start at 100ml/hr and increase by 100ml/hr every 30 mins as tolerated. Max 400ml/hr.
Dose _____ Frequency _____
- ☐ RITUXIMAB-PVVR (RUXIENCE) 1 MG/ML INFUSION Route: IV
Initial infusion: Start rate of 50ml/hr, if no reaction, increase rate by 50ml/hour increments every 30 minutes, to a maximum rate of 400ml/hour. If no reaction during 1st infusion, subsequent infusion may start at 100ml/hr and increase by 100ml/hr every 30 mins as tolerated. Max 400ml/hr.
Dose _____ Frequency _____
- ☐ RITUXIMAB-ABBS (TRUXIMA) 1 MG/ML INFUSION Route: IV
Initial infusion: Start rate of 50ml/hr, if no reaction, increase rate by 50ml/hour increments every 30 minutes, to a maximum rate of 400ml/hour. If no reaction during 1st infusion, subsequent infusion may start at 100ml/hr and increase by 100ml/hr every 30 mins as tolerated. Max 400ml/hr.
Dose _____ Frequency _____

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5040-DT (10/08/2025)

RITUXIMAB OR BIOSIMILAR (RITUXAN, RUXIENCE, OR TRUXIMA) INFUSION (AUTO-IMMUNE DISORDERS)

Nursing Orders**Interval**

- ☒ Nursing Communication PRN
- SECOND INFUSION - May consider accelerated infusion if the following criteria are met:*
- aged 18 years and above
 - must have had the previous dose of rituximab within the last six months
 - dose must be 375 mg/m² or less, or 1000 mg or less if using a fixed dose
 - no grade 3 or higher infusion related reaction with previous doses
 - no history of CHF
 - no history of ventricular arrhythmia
 - no history of myocardial infarction
 - no uncontrolled hypertension

Vascular Access (single select)**Interval**

- ☐ IV Every Visit
- Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care
- ☐ Central line (non-PICC) Every Visit
- Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- ☐ PICC line Every Visit
- Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5040-DT (10/08/2025)

RITUXIMAB OR BIOSIMILAR (RITUXAN, RUXIENCE, OR TRUXIMA) INFUSION (AUTO-IMMUNE DISORDERS)

PRN Medications		Interval	
<input type="radio"/>	sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	PRN	Route: IV
<input type="radio"/>	sodium chloride 0.9 % bolus 500 mL 500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)	PRN	Route: IV

Emergency Medications		Interval	
<input type="radio"/>	ketorolac (TORADOL) injection 30 mg 30 mg Once As Needed for Rigors	PRN	Route: IV
<input checked="" type="radio"/>	diphenhydrAMINE (BENADRYL) injection 25-50 mg 25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.	PRN	Route: IV
<input checked="" type="radio"/>	albuterol 90 mcg/actuation inhaler 2 puff 2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.	PRN	Route: Inhalation
<input checked="" type="radio"/>	methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg 125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.	PRN	Route: IV
<input checked="" type="radio"/>	EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg 0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (\geq 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.	PRN	Route: Intramuscular

 Provider Signature

Date

Time

Provider's Printed Name:

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