



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.	
<input type="radio"/> RITUXIMAB (RITUXAN) 1 MG/ML INFUSION	Route: IV <i>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.</i> Dose _____ Frequency _____
<input type="radio"/> RITUXIMAB-PVVR (RUXIENCE) 1 MG/ML INFUSION	Route: IV <i>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.</i> Dose _____ Frequency _____
<input type="radio"/> RITUXIMAB-ABBS (TRUXIMA) 1 MG/ML INFUSION	Route: IV <i>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.</i> Dose _____ Frequency _____

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here	Page 1 of 3	EHR5040-DT (10/08/2025)
	RITUXIMAB OR BIOSIMILAR (RITUXAN, RUXIENCE, OR TRUXIMA) INFUSION (AUTO-IMMUNE DISORDERS)	

Nursing Orders		Interval
<input checked="" type="checkbox"/> Nursing Communication		PRN
<p>SECOND INFUSION - May consider accelerated infusion if the following criteria are met:</p> <ul style="list-style-type: none"> -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
<input type="radio"/> IV		Every Visit
	<ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL <li style="padding-left: 20px;">10 mL As Needed for Line Care 	
<input type="radio"/> Central line (non-PICC)		Every Visit
	<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <li style="padding-left: 20px;">10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL <li style="padding-left: 20px;">10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL <li style="padding-left: 20px;">20 mL As Needed for Line Care post lab draw PRN - sodium chloride (NS) flush 10 mL <li style="padding-left: 20px;">10 mL for Line Care at discharge and de-access every visit - heparin 100 units/mL 5 mL <li style="padding-left: 20px;">5 mL for de-access PRN - alteplase (CATHFLO) injection 2 mg <p><i>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</i></p>	
<input type="radio"/> PICC line		Every Visit
	<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication <li style="padding-left: 20px;"><i>Change PICC line dressing weekly and PRN</i> - sodium chloride (NS) flush 10 mL <li style="padding-left: 20px;">10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL <li style="padding-left: 20px;">10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL <li style="padding-left: 20px;">20 mL As Needed for Line Care post lab draw PRN - alteplase (CATHFLO) injection 2 mg <p><i>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</i></p>	

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 2 of 3

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 <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV
Emergency Medications		Interval
<input type="radio"/> ketorolac (TORADOL) injection 30 mg <i>30 mg Once As Needed for Rigors</i>	PRN	Route: IV
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 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.</i>	PRN	Route: IV
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff <i>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.</i>	PRN	Route: Inhalation
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg <i>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 (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>	PRN	Route: IV
<input checked="" type="checkbox"/> EPINEPHRine (ADRENALIN) injection for Allergic Reaction 0.5 mg <i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.</i>	PRN	Route: Intramuscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 3 of 3

EHR5040-DT (10/08/2025)

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