INTRAVENOUS RITUXIMAB

(PHYSICIAN ORDER SHEET)

[To be kept in Patient's Clinical File]

Based on Pack Insert of MabThera for Malaysia

Adapted by Dr Ramani Rheumatology Clinic

Date:

PRE-INFUSION CHECKLIST

☐ **Assess signs and symptoms of infection, fever, surgery, etc.**

Contact the physician if there are any issues.

NON-MEDICATION ORDERS

VITALS

☐ **Weight** ____ **kg**

☐ **Vital signs at baseline**

☐ **Vital signs every** ____ **mins**

Recommendation: every 30 minutes during infusion and for 30 minutes after infusion.

If there is a history of infusion reaction, monitor vital signs every 15 minutes for 60 minutes, then every 30 minutes.

BLOOD WORKS

☐ **FBC**

☐ **Renal profile**

☐ **Liver profile**

☐ **CRP**

☐ **ESR**

☐ **Other:** ____

Physician signature & stamp:

PATIENT'S DATA

Name:

MRN:

Drug allergy / allergies:

MEDICATION ORDERS (Please tick appropriate boxes)

DOSING OF RITUXIMAB INFUSION

☐ **RA PROTOCOL**

- ☐ **1st dose (1000 mg) and repeat in 15 days**
- ☐ **2nd dose (1000 mg) and repeat cycle after 4-6 months**

☐ **Other indications:** ____

- ☐ **500 mg weekly for 4 weeks and repeat cycle after 4-6 months**

  Week: ☐ **1** ☐ **2** ☐ **3** ☐ **4**

- ☐ **Other dose:** ____

PRE-MEDICATIONS - AT LEAST 30 MINUTES BEFORE INFUSION

☐ **Paracetamol tablet 1 g**

☐ **Chlorpheniramine (Piriton) tablet 4 mg** **or** ☐ **10 mg IV**

☐ **Methylprednisolone 100 mg IV** **or** ☐ **Hydrocortisone 100 mg IV**

☐ **Others:** ____

RITUXIMAB INFUSION

Rituximab is available in 500 mg/50 mL

- **Withdraw the required amount of rituximab.**
- **Dilute with 0.9% NS (recommended concentration: 1-4 mg/mL).**

☐ **1000 mg to final volume of 250 mL**

☐ **500 mg to final volume of 125 mL**

☐ ____ **mg to final volume of** ____ **mL**

INFUSE AS FOLLOWS

☐ **First time / whom have had an infusion reaction before**

Every 30 minutes, titrate from 12.5 mL/hour -> 25 mL/hour -> 37.5 mL/hour -> 50 mL/hour -> 62.5 mL/hour -> 75 mL/hour -> 87.5 mL/hour -> 100 mL/hour until complete.

☐ **REGULAR PATIENT**

Every 30 minutes, titrate from 25 mL/hour -> 50 mL/hour -> 75 mL/hour -> 100 mL/hour until complete.

☐ **Other infusion rates (maximum rate: 100 mL/hour)**

Every 30 minutes, titrate from:

____ **mL/h ->** ____ **mL/h ->** ____ **mL/h ->** ____ **mL/h ->**

____ **mL/h ->** ____ **mL/h ->** ____ **mL/h ->**

____ **mL/h ->** ____ **mL/h ->** ____ **mL/h until complete**

INFUSION-RELATED REACTION

STOP the infusion immediately and notify the prescriber.

IV Rituximab Infusion Chart

Note: Give prescribed pre-medication at least 30 minutes before infusion.

Date: _____

Name: _____

MRN: _____

Weight: _____

Dose: _____

First Time / Previous Infusion Reaction

Duration		Rate		Vitals Monitoring			Adverse Reactions				
Time	Mins	Fixed rate	Order rate	B/P	PR	Temp	Throat irritation	Hypotension	Angio-oedema	Bronchospasm	Anaphylactic shock
	0	12.5 mL/h									
	30	25 mL/h									
	60	37.5 mL/h									
	90	50 mL/h									
	120	62.5 mL/h									
	150	75 mL/h									
	180	87.5 mL/h									
	210	100 mL/h									
	240										

Regular Patient

Duration		Rate		Vitals Monitoring			Adverse Reactions				
Time	Mins	Fixed rate	Order rate	B/P	PR	Temp	Throat irritation	Hypotension	Angio-oedema	Bronchospasm	Anaphylactic shock
	0	25 mL/h									
	30	50 mL/h									
	60	75 mL/h									
	90	100 mL/h									
	120										
	150										
	180										