

Patient Label

PHYSICIAN ORDERS

Date: _____ 200_____

Allergy Status: _____

RITUXIMAB _____ mg for Day 1 / Day 15

30 minutes prior to starting methylprednisolone infusion:

Administer the following oral pre-medications (Infusion-reaction prophylaxis):

Acetaminophen 1000 mg PO

Diphenhydramine HCl 50 mg PO

(Any pre-blood work must be done prior to Methylprednisolone)

Methylprednisolone IV 100 mg (infuse over 15 min)

Administer Rituximab infusion through a dedicated line **starting 30 minutes post Methylprednisolone**. Commence at a rate of 50 mg/hr. If tolerated, escalate at a rate of 50 mg/hr every 30 minutes to a maximum of 400 mg/hr. See Day 1 flow sheet for infusion schedule.

If patient tolerated Day 1 Rituximab infusion without any adverse reactions then Day 15 infusion can start at rate of 100mg/hr with rate escalation of 100mg/hr every 30 minutes to a maximum of 400 mg/hr. See Day 15 flow sheet for infusion schedule.

Patient to remain in clinic with IV in situ for at least 1 hour in order to administer drugs IV if required.

Physician's signature: _____ Date: _____ 20_____

For Infusion Reactions:

On call Rheumatologist should be summoned stat

Mild non-allergic:

Reduce infusion rate by half or temporarily stop at nurses/Doctors discretion. Repeat acetaminophen 1000 mg PO, plus slow IV Diphenhydramine 25–50 mg.

Moderate to Severe: fever >38, chills, hypotension, urticaria, generalized edema, dyspnea, anaphylaxis:

STOP infusion immediately and administer aggressive symptomatic treatment as below. The infusion should not be restarted before all the symptoms have disappeared and then at half the rate. For life threatening events call 911.

Symptomatic Hypotension:

- Discontinue the infusion, place the patient in the Trendelenburg position and administer IV fluid via a separate IV line.
- Administer O2 at 8L per mask or 3L per nasal prongs to maintain O2 saturation to >94%
- Infuse NS at 250ml/hr
- Administer Diphenhydramine 25 – 50 mg IV wait 15 min.
- Give Hydrocortisone 200 mg IV if not resolving.
- Give Adrenaline 1:1000 0.5 mls SC if not resolving and if there is any suggestion of respiratory difficulty massage site.
- If respiratory wheeze is prominent, give Salbutamol 5 mg via nebulizer q 15 min prn.
- Carry out other emergency or resuscitative measures as necessary (call 911/ Oxygen/Ambu-bag/Suction)

Dyspnea:

- Discontinue the infusion and observe the subject for worsening of the event and for the appearance of additional signs and symptoms of anaphylaxis. Anti-histamines, Epinephrine and corticosteroids may be administered as indicated above for hypotension.

Acute Pain in the chest, back or extremities may also be a sign of anaphylaxis and may be treated as described above for hypotension and dyspnea.

Mild-Moderate reactions require minimum of 2-4 hours observation.

More severe reactions will require hospitalization and 24–48 hours observation.

After the end of infusion, the intravenous line should remain in situ for at least 1 hour in order to be able to administer drugs intravenously, if necessary. If no adverse events occur during this period of time, the intravenous line may be removed.

Physician's signature: _____ Date: _____ 20__