



BC Cancer Agency

CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LYRITZ

Class II Drug: Indication for use of Rituximab (Check one):

Relapsed indolent lymphoma, including follicular, small lymphocytic, lymphoplasmacytic, marginal zone or transformed lymphoma

For other indications, a BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
<input type="checkbox"/> CBC & Diff, Platelets day of treatment				
Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
Diphenhydramine 50 mg PO prior to treatment and 4 hours after beginning Rituximab.				
Acetaminophen 650-1000 mg PO prior to treatment and 4 hours after beginning Rituximab.				
<input type="checkbox"/> Other:				
Have Hypersensitivity Tray and Protocol Available				
TREATMENT:				
DAY 1				
Rituximab (first dose) 250 mg/m² x BSA = _____ mg IV in 250 mL NS over 2 to 8 hours on day 1				
<input type="checkbox"/> Start infusion at 50 mg/hr, after 60 minutes, increase by 50 mg/h every 30 minutes to maximum 400 mg/hour unless toxicity occurs.				
<input type="checkbox"/> Start infusion at 25 mg/hr (strongly advised for patients with detectable circulating lymphoma cells)				
Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required unless symptomatic.				
Patient may leave if stable 30 minutes after infusion completed.				
DAY 9				
Rituximab (subsequent dose) 250 mg/m² x BSA = _____ mg IV in 250 mL NS over 2 to 8 hours on day 9				
Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required unless symptomatic.				
If no adverse event seen with previous infusion, start infusion at 100 mg/hr. Increase rate by 100 mg/hr every 30 minutes to maximum 400 mg/hr unless toxicity occurs.				
Saline lock IV for transfer to Nuclear Medicine Dept.				
If flushing , dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician. After recovery of symptoms, restart Rituximab infusion at one infusion rate below the rate at which the reaction occurred and continue with escalation of infusion rates on the appropriate schedule above. If the infusion must be stopped a second time, restart after clearance of symptoms, at one infusion rate lower and continue at that rate without further escalation.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Book chemo for day 1 and day 9. (Note: day 9 to be coordinated with Nuclear Medicine)				
<input type="checkbox"/> RTC _____ weeks.				
CBC and Diff, Platelets, Creatinine, Bilirubin, ALT, AST prior to day 1.				
Post Day 9: CBC and Diff, Platelets weekly x 12 weeks				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	