**DOCTOR'S ORDERS**

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<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

Date of Previous Cycle: 

- Delay treatment _______ week(s)
- CBC & Diff and Platelets day of treatment

Proceed with treatment based on blood work from 

**PREMEDICATIONS:**

Patient to take own supply. RN/Pharmacist to confirm ___________________________.

For **intravenous** riTUXimab infusion:

diphenhydramine 50 mg PO prior to riTUXimab IV and then q 4 h if IV infusion exceeds 4 h

acetaminophen 650 mg to 975 mg PO prior to riTUXimab IV and then q 4 h if IV infusion exceeds 4 h

For **subcutaneous** riTUXimab injection:

diphenhydramine 50 mg PO prior to riTUXimab SC

acetaminophen 650 mg to 975 mg PO prior to riTUXimab SC

**Other:**

**TREATMENT:**

**WEEK 1:**

riTUXimab (first dose) 375 mg/m² x BSA = __________ mg

- IV in 250 to 500 mL NS over 3-8 hours (may divide dose equally into 2 x 250 mL NS).

Start infusion at 50 mg/h, after 1 hour, increase by 50 mg q 30 minutes to maximum 400 mg/h unless toxicity occurs.

*For the first dose, 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 flushing, dyspnea, rigors, rash, new pruritus, vomiting, chest pain, or any other acute discomfort occurs, stop infusion and page physician.

Patient may leave if stable 30 minutes after infusion completed.

**WEEK 2, 3 & 4:**

- Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

riTUXimab (subsequent dose) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes.

Observe for 15 minutes after administration.

NB: During treatment with subcutaneous riTUXimab, administer other subcutaneous drugs at alternative injection sites whenever possible.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**
DATE:

TREATMENT: (Continued)

☐ Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:

riTUXimab (subsequent dose) 375 mg/m² x BSA = ___________ mg

IV in 250 to 500 mL NS over 3-8 hours.  
Start infusion at 100 mg/h, after 30 minutes, increase by 100 mg/h q 30 minutes to maximum 400 mg/h.  
For all subsequent doses, constant visual observation is not required.  
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.  
Patient may leave if stable 30 minutes after infusion completed.

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<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
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<tbody>
<tr>
<td>☐ Return in ______ week(s) for Doctor. Book chemo weekly for a total of up to 4 treatments (note: maximum of 4 treatments in total).</td>
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<tr>
<td>☐ Treatment finished. Return in ______ week(s).</td>
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<tr>
<td>CBC and Diff, Platelets prior to treatment 1 and 4.</td>
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<tr>
<td>☐ Other tests:</td>
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<td>☐ Consults:</td>
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<td>☐ See general orders sheet for additional requests.</td>
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