Novella Infusion

Patient Name:
DOB:
Date of Last Infusion
Insurance:

Clinic Location:
Merrimack, NH ☐
Concord, NH ☐

Truxima® (rituximab-abbs) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ _____ _____ _____
(ICD-10) (Rheumatoid Arthritis) (ICD-10) (description)

Nursing Orders:

- ☑ Hold infusion and notify provider for:
  - Signs/symptoms of infection, planned/recent surgical procedures, recent live vaccines, new/worsening neurological or mood changes.
- ☑ If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

Pre-medications (to be administered once *30 minutes prior* to infusion):

☑ Tylenol 500 mg PO ☑ Solu-medrol 125 mg IVP ☐ Loratadine 10 mg PO

☐ Benadryl 25 mg PO ☐ Other:

☐ **Administer rituximab-abbs** _____ **mg**

☐ **Administer rituximab-abbs** _____ **mg/m² x (current BSA)**_____ **m² =** _____ **mg.**

Doses 500 mg and greater in final volume 500 ml 0.9% NS. Doses less than 500 mg in final volume 250 ml 0.9% NS

Dose may be rounded by up to 10% to nearest 100 mg per protocol. To PROHIBIT dose rounding, check here (☐).

Dosing Schedule:

☐ Infuse on Day 0 and Day 14 ☐ Infuse on Day 0, Day 7, Day 14 and Day 21

☐ Other: _____

Frequency:

☐ Repeat dosing schedule in _____ weeks ☐ Repeat dosing schedule in _____ months

☐ Other: _____

Titrate infusion rates as follows (rates below calculated based on 1000 mg/500 ml concentration):

Hour	Initial Infusion		Subsequent Infusions (if previously tolerated)	
0	25 ml/hr	50 mg/hr	50 ml/hr	100 mg/hr
0.5	50 ml/hr	100 mg/hr	100 ml/hr	200 mg/hr
1	75 ml/hr	150 mg/hr	150 ml/hr	300 mg/hr
1.5	100 ml/hr	200 mg/hr	200 ml/hr	400 mg/hr
2	125 ml/hr	250 mg/hr		
2.5	150 ml/hr	300 mg/hr		
3	175 ml/hr	350 mg/hr		
3.5	200 ml/hr	400 mg/hr		
Vital signs: Pre-infusion, then with each rate change (at least every 30 minutes) until complete				

Provider (print)): _____

Provider signature: _____ Date: _____

Revised 10/7/19. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.