



(rituximab)

RITUXAN infusion orders

Patient Name _____

Phone _____

DOB _____

M _____

F _____

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Granulomatosis w/Polyangiitis

(wegener's granulomatosis GPA)

Microscopic Polyangiitis

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

RITUXAN ORDERS

DOSAGE	PATIENT WEIGHT
1000mg	lbs.
375mg/m ²	kg
FREQUENCY	
initial dose (0) followed by 2nd dose on day 15 <i>(induction for RA diagnosis)</i>	
single dose	
every week for 4 weeks total	
<i>(other frequency)</i>	

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider

Phone

Fax