

Rituximab (Rituxan, Truxima, Ruxience) Infusion Orders

Patient Name:	DOB:	☐ Male ☐ Female
Diagnosis (please provide ICD10 code)		
□ Other:		
□ NKDA Allergies:		
☐ New Start Therapy ☐ Continuation of Therapy	Date of last do	ose (if applicable):
Ordering Provider:		
Provider NPI:	Phone:	Fax:
Practice Address:	City:	State: Zip Code:
PRE-MEDICATIONS		REQUIRED LABS
 □ Acetaminophen 1000mg PO, Diphenhydramine 50mg IV, and Solu-Medrol 100mg IV *Patient will receive above premeds per Sage Infusion Medication Saferty Protocol unless different premeds are noted below □ Other PreMeds: 		Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach) Hepatitis B status & date (please attach results):
RITUXIMAB ORDERS		
		availability and patient insurance uct recommendations may be provided
Dose: ☐ 1000 mg OR ☐ Other:	mg	
Mix in: \square 500ml 0.9% sodium chloride OR	☐ 250m	ıl 0.9% sodium chloride
Administer Intravenous Infusion per Infuse One Rituxima	ab Protocol	REFILLS:
☐ On Series Day 0 and Series Day 14 ☐ Repeat series ev	very 24 weeks	(if not indicated order will expire one
☐ Other:		year from date signed)
✓ Infuse One Standing Orders: Provide treatment under Infuse One's Clinical Guidelines, Medica and Action Plan for Infusion Reactions.	tion Safety Pro	tocol, Emergency Guidelines,
Provider Name		
Provider Signature		Date

Pre-medicate patients with an antihistamine and acetaminophen prior to dosing. For RA and PV patients, methylprednisolone intravenously or its equivalent is recommended 30 minutes prior to each infusion.

Screen all patients for HBV infection by measuring HBsAg and anti-HBc before initiating treatment with Rituxan. For patients who show evidence of prior hepatitis B infection (HBsAg positive [regardless of antibody status] or HBsAg negative but anti-HBc positive), consult with physicians with expertise in managing hepatitis B regarding monitoring and consideration for HBV antiviral therapy before and/or during RITUXAN treatment.