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GENERAL NEUROLOGY | NEUROLOGICAL TESTING  
NEUROMUSCULAR DISORDERS | NEUROPSYCHOLOGY | INFUSION

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Phone: (817) 553-1325 | Fax: 817-553-1393

AN OUTPATIENT MEDICAL CENTER SPECIALIZING IN INFUSION AND NON-NARCOTOIC INJECTIBLE MEDICATIONS

### Rituximab (Rituxan®) Orders

Please type or print. Complete ALL fields and fax to 817-553-1393. You will receive a notice within 1-2 business days that your referral has been received and in process. An incomplete form will delay the processing/scheduling of the patient. Call 817-553-1325 with any questions. Thank you for your referral and allowing us to partner with you in the care of your patient.

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Weight: \_\_\_\_\_  lbs/ kg Allergies: \_\_\_\_\_

Diagnosis/ICD10: \_\_\_\_\_  
(Please include supporting documentation with referral to avoid delay in processing.)

**Prior to infusion please obtain and send results with your order:**

- CBC with diff and platelets  CMP to include liver and renal function
- Urinalysis with culture and sensitivity  HBV screening

**Prescription:** (Please check appropriate box)

- Administer Rituximab (Rituxan®) [J9310] 1000mg in 500ml 0.9% Sodium Chloride. **Repeat x 1 in 2 weeks.**
- Administer Rituximab (Rituxan®) [J9310] 1000mg in 500ml 0.9% Sodium Chloride. **No repeat.**

Infuse at 50mg/hr. If no reactions occur, may increase rate by 50mg/hr every 30 minutes. Maximum infusion rate 400mg/hr.

**Pre-medication:** (Please check appropriate box)

- Acetaminophen 500mg 1-2 tablets po prior to infusion. May repeat every 4-6 hours, as needed.
- Diphenhydramine (Benadryl®) 50 mg orally. May repeat x 1 in 4-6 hours, as needed.
- SoluMedrol 500mg in 50ml 0.9% Sodium Chloride IV over 30 minutes.

or  
 SoluMedrol 1000mg in 50 ml 0.9% Sodium Chloride IV over 30 minutes.

**Laboratory Orders:**

- CBC with diff & Platelets after each infusion  CMP with renal function every 12 weeks
- CD19 level 8 weeks post 1<sup>st</sup> infusion and then monthly
- When CD19 level is equal to or above 1%, inform physician for further orders to schedule next Infusion.

**Nursing Orders:**

Perform assessment and obtain vital signs prior to infusion, every 15 minutes for the first hour, every 30 minutes for remainder of the infusion.

Obtain IV access. PIV\_\_\_\_ Chest Port\_\_\_\_ Other\_\_\_\_\_. Secure site with transparent dressing.  
Flush with 3-20 ml 0.9% NaCl or D5W before and after IV drug administration.

**Ordering Provider Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
NPI # \_\_\_\_\_  
Signed \_\_\_\_\_

**Office Contact Information**

Name \_\_\_\_\_  
Phone (        ) \_\_\_\_\_ - \_\_\_\_\_  
Fax (        ) \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_  
Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_