

Rituximab (Rituxan®) Orders

Please type or print. Complete ALL fields and fax to 817-553-1393. 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: _____

Weight: _____ lbs Allergies: _____

Diagnosis/ICD10: _____

Prior to the infusion, please obtain and send results with your order to 817-553-1393:

- Labs done within the last 90 days: CBC with diff and platelets, CMP to include liver and renal function, Urinalysis with culture and sensitivity, HBV screening (within last year), TB (within last 2 years)
- Patient demographics and insurance cards (front and back)
- All office notes, labs and scans supporting diagnosis/ICD-10

Prescription: (Please check appropriate box) **ORDER EXPIRES IN 1 YEAR**

___ Administer **Rituximab (Rituxan®)** [J9310] 1000mg in 500ml 0.9% Sodium Chloride. Repeat x 1 in 2 weeks. Repeat cycle every 6 months.

___ Administer **Rituximab (Rituxan®)** [J9310] _____ mg in 500ml 0.9% Sodium Chloride. Repeat infusion every _____.

Pre-medication: (Please check appropriate boxes)

___ Acetaminophen 500mg 1-2 tablets po prior to infusion. May repeat every 6 hours, as needed.

___ Diphenhydramine (Benadryl ®) 50 mg orally. May repeat x 1, as needed.

___ SoluMedrol 500mg IV in 100ml 0.9% Sodium Chloride.

or

___ SoluMedrol _____ mg IV in 100 ml 0.9% Sodium Chloride.

___ other orders: _____

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% Normal saline before and after IV drug administration.

Ordering Provider Information

Name _____

Address _____

NPI # _____

Signed _____

Office Contact Information

Name _____

Phone () _____ - _____

Fax () _____ - _____

Email _____

Date _____ / _____ / _____