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KaneHallBarry.com

GENERAL NEUROLOGY | NEUROLOGICAL TESTING
NEUROMUSCULAR DISORDERS | NEUROPSYCHOLOGY | INFUSION

1305 Airport Freeway Suite 205 Bedford, TX 76021
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 1st 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 _____ / _____ / _____