



Physician Orders PEDIATRIC: LEB DTU Rituximab Infusion Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: LEB DTU Rituximab Infusion Phase, When to Initiate:

LEB DTU Rituximab Infusion Phase

Admission/Transfer/Discharge

- Patient Status Initial Outpatient
T;N Attending Physician:
Reason for Visit:
Bed Type: Specific Unit: DTU
Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure [] OP OBSERVATION Services

Vital Signs

- Vital Signs Monitor and Record T,P,R,BP, upon arrival.
Vital Signs Routine Monitor and Record T,P,R,BP, Q30min during the infusion.

Activity

- Out Of Bed Up Ad Lib

Food/Nutrition

- Low Sodium Diet
Regular Pediatric Diet

Patient Care

- INT Insert/Site Care LEB
INT Discontinue Routine, Remove after infusion is complete.
Height
Weight

Continuous Infusion

- Rituximab Infusion Pediatric (IVS)*
Sodium Chloride 0.9%
250 mL, IV Piggyback, Routine, Infuse per Protocol: See Order Comments
Comments: Start infusion at 15 ml/hr x30min. If tolerated increase infusion rate by 15 ml/hr every 30 min. to maximum infusion rate of 60ml/hr. Complete infusion in 5-6 hours. DOSE NUMBER:
riTUXimab additive
188 mg/m2
Rituximab Infusion Pediatric (IVS)*
Sodium Chloride 0.9%





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250 mL, IV Piggyback, Routine, Infuse per Protocol: See Order Comments
 Comments: Start infusion at 15 mL/hr x30min. If tolerated increase infusion rate by 15 mL/hr every 30 min. to maximum infusion rate of 60mL/hr. Complete infusion in 5-6 hours. DOSE NUMBER:

riTUXimab additive
 375 mg/m²

- Rituximab Infusion Pediatric (IVS)*
 Sodium Chloride 0.9%

250 mL, IV Piggyback, Routine, Infuse per Protocol: See Order Comments
 Comments: Start infusion at 15 ml/hr x30min. If tolerated increase infusion rate by 15 ml/hr every 30 min. to maximum infusion rate of 60ml/hr. Complete infusion in 5-6 hours. DOSE NUMBER:

riTUXimab additive
 750 mg/m²

Medications

- +1 Hours** hydrocortisone
 2 mg/kg, Ped Injectable, IV, once, Max Dose:100mg
 Comments: Give 30 minutes prior to Rituximab Infusion
- +1 Hours** acetaminophen
 - 325 mg, PO, once, Max Dose: 650 mg Comment (DEF)*
 Comments: Give 30 minutes prior to Rituximab Infusion
 - 500 mg, PO, once, Max Dose: 650 mg Comment
 Comments: Give 30 minutes prior to Rituximab Infusion
 - 650 mg, PO, once, Max Dose: 650 mg Comment
 Comments: Give 30 minutes prior to Rituximab Infusion
 - 10 mg/kg, Liq, PO, once, Max Dose: 650 mg Comment
 Comments: Give 30 minutes prior to Rituximab Infusion
 - 15 mg/kg, Liq, PO, once, Max Dose: 650 mg Comment
 Comments: Give 30 minutes prior to Rituximab Infusion
- +1 Hours** diphenhydrAMINE
 1 mg/kg, Elixir, PO, once, Routine, Max dose: 50 mg (DEF)*
 Comments: Special Instructions: Give 30 minutes prior to Rituximab Infusion as premedication
 - 25 mg, Cap, PO, once, Routine, Max dose: 50mg
 Comments: Special Instructions: Give 30 minutes prior to Rituximab Infusion
 - 50 mg, Cap, PO, once, Routine, Max dose: 50mg
 Comments: Special Instructions: Give 30 minutes prior to Rituximab Infusion
- +1 Hours** EPINEPHrine 0.1 mg/mL injectable solution
 - 0.15 mg, Ped Injectable, IM, once, STAT, Max dose= 0.3mg (DEF)*





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Comments: For patients less than 30 kg. can repeat every 5 minutes as needed, Special Instructions: To remain at Bedside. Part of Emergency Anaphylactic Setup

0.3 mg, Ped Injectable, IM, once, STAT, Max dose= 0.3mg
Comments: For patients greater than or equal to 30 kg. Special Instructions: To remain at Bedside. Part of Emergency Anaphylactic Setup

diphenhydrAMINE
 1 mg/kg, Ped Injectable, IV, once, Routine, Max dose: 50mg
Comments: Special Instructions: To remain at Bedside. Part of Emergency Anaphylactic Setup

+1 Hours albuterol 2.5 mg/3 mL (0.083%) inhalation solution
 2.5 mg, Inh Soln, NEB, once, STAT
Comments: Special Instructions: To remain at bedside. Part of Emergency Anaphylactic Setup

+1 Hours methylPREDNISolone
 5 mg/kg, Ped Injectable, IV, once, Max Dose: 250 mg
Comments: Special Instructions: To remain at Bedside. Part of Emergency Anaphylactic Setup

Laboratory

CBC
 STAT, T;N, once, Type: Blood

CMP
 STAT, T;N, once, Type: Blood

Creatinine Urine Random
 STAT, T;N, once, Type: Urine, Nurse Collect

Protein Urine Random
 STAT, T;N, once, Type: Urine, Nurse Collect

FK506 Level
 STAT, T;N, once, Type: Blood, Collection Comment: Draw Trough Level

Osmolality Urine
 STAT, T;N, once, Type: Urine, Nurse Collect

Renal Function Panel
 STAT, T;N, once, Type: Blood

Lymphocyte Subset Panel 2
 STAT, T;N, once, Type: Blood

Cyclosporine Level
 STAT, T;N, once, Type: Blood, Collection Comment: Draw Trough Level

 Date Time Physician's Signature MD Number





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***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

