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

☐ +1 Hours acetaminophen
500 mg, PO, once, Max Dose: 650 mg Comment
Comments: Give 30 minutes prior to Rituximab Infusion

☐ +1 Hours acetaminophen
650 mg, PO, once, Max Dose: 650 mg Comment
Comments: Give 30 minutes prior to Rituximab Infusion

☐ +1 Hours acetaminophen
10 mg/kg, Liq, PO, once, Max Dose: 650 mg Comment
Comments: Give 30 minutes prior to Rituximab Infusion

☐ +1 Hours acetaminophen
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

☐ +1 Hours diphenhydrAMINE
25 mg, Cap, PO, once, Routine, Max dose: 50mg
Comments: Special Instructions: Give 30 minutes prior to Rituximab Infusion

☐ +1 Hours diphenhydrAMINE
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
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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