



PHYO  
CMC85948-002NS Rev. 11/2021

**CHST RITUXIMAB  
(RITUXAN or BIOSIMILAR)  
INFUSION THERAPY PLAN (SOTP)**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)

NKDA - No Known Drug Allergies

Allergies: \_\_\_\_\_

**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ unknown

Treatment should begin:  as soon as possible (within a week)  within the month

**\*\*Plans must be reviewed / re-ordered at least annually. \*\***

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**ADMIT ORDERS**

Height and weight

Vital signs

**Hypotension Defined Admit**

Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

**PREGNANCY TESTS AT DALLAS AND PLANO**

**Nursing communication**

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

Patient requires a pregnancy test (based on organizational policy, female patients 10 years of age or over require a pregnancy test)

**Pregnancy test, urine - POC**

STAT, ONE TIME, for females  $\geq$  10 years old. If positive, do NOT infuse and contact the ordering provider.

**Gonadotropin chorionic (HCG) urine**

STAT, ONE TIME, unit collect, for females  $\geq$  10 years old. If positive, do NOT infuse and contact ordering provider.

**Gonadotropin chorionic (HCG) quantitative**

STAT, ONE TIME, unit collect, for females  $\geq$  10 years old. If positive, do NOT infuse and contact ordering provider.

**INTRA-PROCEDURE**

Please select all appropriate therapy

**IV START NURSING ORDERS**

Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

when immediate procedure needed  when procedure will take about 1 minute  patient / family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets  $\leq$  20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

when more than 60 minutes are available before procedure  when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.



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**NURSING ORDERS, CONTINUED**

**lidocaine - tetracaine (SYNERA) patch**

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure     when procedure will take more than 1 hour  
 when anticipated pain is less than 5 mm from skin surface     patient / family preference for procedure

**lidocaine with transparent dressing 4% kit**

TOPICAL, PRN

- when 20 - 30 minutes are available before procedure     when procedure will take more than 1 hour  
 patient / family preference for procedure

**Heparin flush**

**heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

**heparin flush**

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

**Sodium chloride flush**

**Sodium chloride flush 0.9% injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

**Sodium chloride - preservative free 0.9% injection**

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

**PRE-PROCEDURE LABS**

<input checked="" type="checkbox"/> <b>Completed Blood Count with differential</b> Unit collect	<b>INTERVAL:</b> Every visit	<b>DURATION:</b> Until discontinued
<input checked="" type="checkbox"/> <b>Renal Function Panel</b> Unit collect	<b>INTERVAL:</b> Every visit	<b>DURATION:</b> Until discontinued
<input checked="" type="checkbox"/> <b>Hepatic Function Panel</b> Unit collect	<b>INTERVAL:</b> Every visit	<b>DURATION:</b> Until discontinued
<input checked="" type="checkbox"/> <b>Gamma Glutamyl Transferase</b> Unit collect	<b>INTERVAL:</b> Every visit	<b>DURATION:</b> Until discontinued
<input checked="" type="checkbox"/> <b>Magnesium</b> Unit collect	<b>INTERVAL:</b> Every visit	<b>DURATION:</b> Until discontinued
<input checked="" type="checkbox"/> <b>Phosphorus</b> Unit collect	<b>INTERVAL:</b> Every visit	<b>DURATION:</b> Until discontinued
<input type="checkbox"/> <b>CMV Quantitative PCR</b> Unit collect	<b>INTERVAL:</b> Once	<b>DEFER UNTIL:</b> _____ <b>DURATION:</b> Until discontinued
<input type="checkbox"/> <b>Epstein Barr Virus Quantitative PCR</b> Unit collect	<b>INTERVAL:</b> Once	<b>DEFER UNTIL:</b> _____ <b>DURATION:</b> Until discontinued
<input type="checkbox"/> <b>BK Virus DNA PCR Quantitative</b> Unit collect	<b>INTERVAL:</b> Once	<b>DEFER UNTIL:</b> _____ <b>DURATION:</b> Until discontinued
<input type="checkbox"/> <b>Tacrolimus</b> Unit collect needs to be drawn PRIOR to morning dose	<b>INTERVAL:</b> Once	<b>DEFER UNTIL:</b> _____ <b>DURATION:</b> Until discontinued
<input type="checkbox"/> <b>Cyclosporine Random</b> Unit collect needs to be drawn PRIOR to morning dose	<b>INTERVAL:</b> Once	<b>DEFER UNTIL:</b> _____ <b>DURATION:</b> Until discontinued
<input type="checkbox"/> <b>Sirolimus</b> Unit collect needs to be drawn PRIOR to morning dose	<b>INTERVAL:</b> Once	<b>DEFER UNTIL:</b> _____ <b>DURATION:</b> Until discontinued

Key: cm = centimeter; HCG = human chorionic gonadotropin; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m<sup>2</sup> = square meters; mg = milligram; mg / m<sup>2</sup> = milligram per square meter; mL = milliliter; mL / hr = milliliters per hour; mm = millimeter; mmHg = millimeters of mercury; mOsm / L = milliosmole per liter; NKDA = no known drug allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; POC = point of care; PRN = as needed; RTA = ready to administer; SBP = systolic blood pressure; STAT = immediately



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**PRE-MEDICATIONS**

- Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)**  
**Nursing communication**  
 Administer only one of the acetaminophen orders, suspension or tablets, do not give both.  
**acetaminophen suspension**  
 15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion  
**Dose:** \_\_\_\_\_  
**acetaminophen tablet**  
 15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion  
**Dose:** \_\_\_\_\_
  
- Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)**  
**Nursing communication**  
 Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.  
**diphenhydrAMINE liquid**  
 1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion  
**Dose:** \_\_\_\_\_  
**diphenhydrAMINE capsule**  
 1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion  
**Dose:** \_\_\_\_\_  
**diphenhydrAMINE injection**  
 1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion  
**Dose:** \_\_\_\_\_
  
- methyIPREDNISolone RTA infusion**  
 2 mg / kg INTRAVENOUS, for 1 dose.  
 Give 30 minutes prior to riTUXimab. Ready to administer by infusion. Doses > 15 mg / kg should be given over a minimum of 1 hour. (see protocol for monitoring parameters.)  
**Dose:** \_\_\_\_\_

**INTRA-PROCEDURE**

- Nursing communication**  
 Adverse reactions may include fever, chills, rigors, hypotension and severe allergic reactions (anaphylaxis). Please contact the ordering provider if these conditions exist.
- Vital signs**  
 Baseline vitals prior to start of riTUXimab infusion, then monitor vitals every 15 minutes during after initiation of the infusion and for 30 minutes after infusion completion.
- Nursing communication**  
 In the event of any adverse reactions or other infusion related symptoms, the infusion should be stopped. Please contact the ordering provider.

Initial infusion	First hour infusion rate	0.5 mg / kg / hr	Maximum rate: 50 mg / hr
	If no infusion related events observed after 60 minutes	Increase rate by 1 mg / kg / hr	Maximum rate: 100 mg / hr
	If no infusion related events observed after 30 minutes	Continue to increase rate by 0.5 mg / kg / hr every 30 minutes until maximum rate has been reached	Maximum rate: 400 mg / hr
Subsequent infusion	First hour infusion rate	1 mg / kg / hr	Maximum rate: 100 mg / hr
	If no infusion related events are observed after 30 minutes	Increase rate by 1 mg / kg / hr every 30 minutes until maximum rate has been reached	Maximum rate: 400 mg / hr

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EMERGENCY MEDICATIONS

Nursing communication

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

**PATIENT IS HAVING ANAPHYLAXIS:**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

**Hypotension is Defined as Follows:**

1 month to 1 year – systolic blood pressure (SBP) less than 70  
 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)  
 11 years to 17 years – systolic blood pressure (SBP) less than 90  
 OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.  
 Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

EPINEPHrine Injection Orderable For Therapy Plan  
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses  
 Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

**Dose:** \_\_\_\_\_

Cardio / Respiratory Monitoring  
**Rationale for Monitoring: High risk patient (please specify risk)**

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply):  Heart rate  Oxygen saturation  Respiratory rate  
 Telemetry Required:  Yes  No

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

Albuterol for aerosol

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

**Dose:** \_\_\_\_\_

POST- PROCEDURE

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.  
 Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.  
 Discontinue PIV prior to discharge.

Sodium chloride 0.9% infusion

INTRAVENOUS at 0 - 25 mL / hr, ONCE, for 1 dose.

**Dose:** \_\_\_\_\_ mL

Signature of Provider \_\_\_\_\_ (circle one) MD DO \_\_\_\_\_  
 Credentials \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Printed Name of Provider \_\_\_\_\_

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