



# RITUXIMAB infusion orders

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

DOB \_\_\_\_\_

Phone Number \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_

## DIAGNOSIS *Please provide ICD-10 code*

- \_\_\_\_\_ Microscopic Polyangiitis
- \_\_\_\_\_ Rheumatoid Arthritis
- \_\_\_\_\_ Granulomatosis w/ Polyangiitis
- \_\_\_\_\_ Other

## PRE-MEDICATIONS

- Acetaminophen 1000mg PO
- Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO
- Solu-Cortef 100mg IVP
- Cetirizine 10mg PO
- Diphenhydramine 25mg IVP
- \_\_\_\_\_ (other)
- \_\_\_\_\_ (other)

## RITUXIMAB ORDERS

### RITUXIMAB PRODUCT

- Rituxan
- Truxima
- Ruxience

### DOSAGE

- 1000mg
- \_\_\_\_\_ Other

### FREQUENCY

- initial dose (0) followed by 2<sup>nd</sup> dose on day 15 (*induction for RA diagnosis*)
- single dose
- every week for 4 weeks total
- \_\_\_\_\_ Other

### Patient Weight

\_\_\_\_\_ lbs  
 \_\_\_\_\_ kg

## ORDERING PROVIDER

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_