

Weekly Rituximab 100 mg
Indication : CHAD
 (please select)
(Special authority not required for above indications as funded under HML criteria)

| | |
|---------------|----------------|
| Height | cm |
| Weight | kg |
| BSA | m ² |

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|-------------------------|--|
| Course length = 4 doses | |
| Destination: | |
| | |

| CBC | Day 1 | Limits |
|-------|-------|--------|
| Date | | |
| Hb | | |
| Neuts | | |
| Plts | | |

Hypersensitivities/Allergies

PRN antiemetics
 ± Domperidone 10mg QID PO
 ± Cyclizine 50mg TDS PO/IV

DOSE MODIFIED: No Yes

NB. HML allows 6 weeks treatment for Pure red cell aplasia (PRCA)

| Day | Date | Time | Agent | Dose | Route | Instructions | Doctor | Nurse | Check | Start | Stop |
|-----|------|--------|---------------------|---------------|-------|---|--------|-------|-------|-------|------|
| 1 | | T-1 hr | Methylprednisolone | 100 mg | IV | In 100 mL sodium chloride 0.9 % over 15 minutes | | | | | |
| | | T-1 h | Paracetamol | 1000 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T-1 h | Loratadine | 20 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T=0 | *Rituximab | 100 mg | IV | <input type="checkbox"/> Standard infusion: added to 100 mL sodium chloride 0.9% <input type="checkbox"/> Rapid infusion: added to 100 mL sodium chloride 0.9% | | | | | |
| 8 | | T-1 hr | #Methylprednisolone | 100 mg | IV | In 100 mL sodium chloride 0.9 % over 15 minutes | | | | | |
| | | T-1 h | Paracetamol | 1000 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T-1 h | Loratadine | 20 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T=0 | *Rituximab | 100 mg | IV | <input type="checkbox"/> Standard infusion: added to 100 mL sodium chloride 0.9% <input type="checkbox"/> Rapid infusion: added to 100 mL sodium chloride 0.9% | | | | | |
| 15 | | T-1 hr | #Methylprednisolone | 100 mg | IV | In 100 mL sodium chloride 0.9 % over 15 minutes | | | | | |
| | | T-1 h | Paracetamol | 1000 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T-1 h | Loratadine | 20 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T=0 | *Rituximab | 100 mg | IV | <input type="checkbox"/> Standard infusion: added to 100 mL sodium chloride 0.9% <input type="checkbox"/> Rapid infusion: added to 100 mL sodium chloride 0.9% | | | | | |
| 22 | | T-1 hr | #Methylprednisolone | 100 mg | IV | In 100 mL sodium chloride 0.9 % over 15 minutes | | | | | |
| | | T-1 h | Paracetamol | 1000 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
| | | T-1 h | Loratadine | 20 mg | PO | Give 30-60 minutes prior to rituximab | | | | | |
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If no reaction to the first dose of rituximab, methylprednisolone may be omitted at the prescriber's discretion

*See rituximab 100 mg giving instructions pages 2-5

Authorised by : Dr Mark Smith

Pharmacist: C Innes

Consultant:

NZMC Reg. No:

| Rituximab (Mabthera®) 100 mg giving instructions | | | |
|---|---|----------------------|-----------------|
| | | <i>Patient label</i> | |
| Date | | | |
| Standard infusion: | Infuse at a rate of 50 mg/hour ie. over 2 hours | | |
| Rapid infusion: | If no previous toxicities, infuse at a rate of 100 mg/hour ie. over 1 hour | | |
| If any adverse effects noted: | Discontinue infusion, evaluate severity of symptoms, and treat accordingly. If reactions settle, recommence at ½ the previous rate. Consider hydrocortisone 100 mg IV if required, plus chlorphenamine and paracetamol depending on time interval. | | |
| Recordings: | Document T, P, R, B/P and EWS on adult observation chart (C280010) at baseline, 30 minutes, 60 minutes, and hourly thereafter (more frequently if patient is reacting). Following infusion: Observe for delayed side effects, for 1 hour following infusion. | | |
| | Time | Rate | Comments |
| Baseline | | | |
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Note: •Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome.
•Ensure adequate hydration and consider addition of allopurinol for 1 – 3 courses.

DO NOT SHAKE during preparation, rotate gently. Aggregation & precipitation of antibody can occur.

PRN medications for Hypersensitivity reactions

| Date | Time | Medication | Dose | Route | Doctor | Nurse | Check |
|------|------|----------------|---------|---------------|--------|-------|-------|
| | | Hydrocortisone | 100 mg | Slow IV bolus | | | |
| | | Paracetamol | 1000 mg | PO | | | |
| | | Chlorphenamine | 10 mg | Slow IV bolus | | | |

| PRN antiemetics | | | | DR | NURSE SIGN | | | | | | |
|------------------------|-------------|----------|-----------|-----------|-------------------|--|--|--|--|--|--|
| | Domperidone | 10 mg | PO QID | | | | | | | | |
| | Cyclizine | 50 mg | PO/IV Q8H | | | | | | | | |
| | Lorazepam | 0.5-1 mg | PO BD | | | | | | | | |

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