



CONSULTANTS INC  
SPECIALIZING IN INFECTIOUS DISEASES

# Ambulatory Infusion Center

Parkway Medical Center  
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Beachwood, OH 44122

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## INFUSION ORDERS - RITUXAN (rituximab)

Date of Referral: \_\_\_\_\_ Infusion Location:  Beachwood  Middleburg Heights  Painesville

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ WT (kg): \_\_\_\_\_ HT (in): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

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

**PLEASE FAX SUPPORTING CLINICAL DOCUMENTATION, INCLUDING MEDICAL RECORDS/PROGRESS NOTES, LABS, and INSURANCE INFORMATION (both front and back of the card) ALONG WITH THIS FORM**

### RITUXAN DOSING

Rituxan 1000mg on Day 1 and Day 15 Frequency: \_\_\_\_\_

• Infusion Rates

- First Infusion: Initiate infusion at 50 mg/hr. If no infusion related issues, increase infusion by 50 mg/hr increments every 30 minutes to a maximum of 400 mg/hr. Typical time: 4.25 hours
- Subsequent Infusions: Initiate infusion at 100 mg/hr, if no infusion related issues, increase by 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr. Typical time: 3.25 hours

Rituxan Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Premeds:

Specific Dose of 650 mg PO Tylenol, 50 mg PO Benadryl, 125 mg IVP Solu-Medrol

Other Premed Orders: \_\_\_\_\_

Special Needs/Considerations: \_\_\_\_\_

Date of last TB test: \_\_\_\_\_ Result: \_\_\_\_\_

Date of Hep B Screen: \_\_\_\_\_ Result: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**LAB REQUIREMENTS and LAB MONITORING ARE THE RESPONSIBILITY OF THE PRESCRIBING PHYSICIANS**