



Riverbend Medical Center Regional Infusion Center (RIC)  
3377 Riverbend Drive Suite 502/510  
Springfield, Oregon 97477  
Phone 541-222-6280 Fax 541-349-8006

**RIUXIMAB-abbs (Truxima) INFUSION (v. 01/09/2024)**

\* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Diagnosis/Indication (ICD-10): \_\_\_\_\_

**Medication:**

- .. Rituximab-abbs 500 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 6 months
- .. Rituximab-abbs 1000 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 6 months
- .. Rituximab-abbs 1000 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 2 weeks x 2 doses
- .. Rituximab-abbs \_\_\_\_\_ mg mixed with 0.9% sodium chloride for a total volume of 500 mL every \_\_\_\_\_ weeks

\* Infuse per Oregon Network Regional infusion Center Guidelines.

**Pre-medications:**

- Acetaminophen 650 mg PO once 30 minutes before infusion
- Loratadine 10 mg PO once 30 minutes before infusion
- Methylprednisolone (Solu-Medrol) 100 mg IV once 30 minutes before infusion

**Nursing communications:**

- Vital signs: Initial, with rate change and prn

**Access:**

- .. Insert peripheral IV
  - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
  - Initiate Central Line (Non-PICC) Maintenance Protocol
  - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
  - Initiate PICC Maintenance Protocol
  - Normal saline flush 3 mL as needed for PICC/ Hickman line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name and DOB \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



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- **Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  20 points in SBP), nausea, urticaria, chills, pruritic).**
  - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- **Methylprednisolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.**
- **Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.**
- **Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.**

Patient name and DOB \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_