



Cottage Grove Infusion
1515 Village Drive
Cottage Grove, OR 97424
Phone 541-767-5447 Fax 541-767-5399 & 541-434-3164

RITUXIMAB (Rituxan) or biosimilar INFUSION (v. 05/14/2026)

* 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 500 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 6 months
- .. Rituximab 1000 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 6 months
- .. Rituximab 1000 mg mixed with 0.9% sodium chloride for a total volume of 500 mL every 2 weeks x 2 doses
- .. Rituximab _____ mg mixed with 0.9% sodium chloride for a final concentration of 1 mg/mL every _____ weeks
- Normal saline 500 mL bag, infuse 125 mL/hr IV as needed for infusion reaction

* Infuse per Oregon Network Regional infusion Center Guidelines.

Default product Rituxan. If different product required by insurance please indicate here: _____

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: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____



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

- 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 (≥ 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 (≥ 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: _____

DOB: _____

Height _____ Weight _____

Provider printed name: _____

Provider signature: _____

Date: _____ Time: _____