RITUXIMAB INFUSION PROTOCOL
For Glomerulonephritis

Admit to medical short stay under Dr. __________________________
Insert IV into dominant arm, or if arteriovenous fistula or graft present, then opposite arm
Vital signs x 1, then as required based on infusion instructions

FUNDING:
ritUXimab funding for this patient has been approved by:
☐ BC Renal (fax approval letter with this order to the pharmacy department)
☐ Other: __________________________

LABORATORY:
• CBC with differential, electrolytes, urea, creatinine prior to each infusion
• Serum quantitative IgG, IgA, IgM and Immune Cell Marker (for CD19/20 levels) prior to first infusion
☐ Other: __________________________

MEDICATIONS:
Hold anti-hypertensive agents on morning of riuTUXimab infusion (specify agents):

SUPPORT MEDICATIONS:
Have the following medications available at patient’s bedside before initiating riuTUXimab (to be given on physician’s orders):
• EPInephrine 1 mg/mL, ampoule for IM injection
• diphenhydrAMINE 50 mg vial for IV injection
• methylPREDNISolone 125 mg vial for IV injection
• salBUTamol 2.5 mg nebulizer plus nebulizer

PERI-INFUSION MEDICATIONS:
• acetaminophen 650 mg PO 30 minutes before and Q4H during riuTUXimab infusion
• diphenhydrAMINE 50 mg PO 30 minutes before and Q4H during riuTUXimab infusion
☐ methylPREDNISolone 125 mg IV to be completely administered over 30 minutes before starting riuTUXimab

ritUXimab:
☐ riuTUXimab 1000 mg IV
☐ riuTUXimab 375 mg/m² x _______ m² = ________ mg (rounded to nearest 50 mg) IV
☐ riuTUXimab ______________ mg (rounded to nearest 50 mg) IV

Body Surface Area (BSA) calculation and weight:

\[
BSA (m^2) = \sqrt{\frac{\text{Height (cm)} \times \text{Weight (kg)}}{3600}}
\]

Height: _______ cm          Actual weight: _______ kg

BSA = _______ m²
• Round to 2 decimal places

Frequency of infusions: ___________________ Total number of infusions: ___________________
Infusion to be given on (dates): ___________________

DATE (DD/MM/YYYY) | PRESCRIBER NAME (PRINTED) | PRESCRIBER SIGNATURE | COLLEGE ID | CONTACT NUMBER

This communication is intended only for the use of the BC Renal. It may contain information that is confidential.
If you receive this communication in error, please notify us immediately at (604) 875-7366.
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For first infusion:

- Start riTUXimab infusion at 50 mg/hour. After 60 minutes, increase rate by 50 mg/hour every 30 minutes until a rate of 400 mg/hour is reached unless toxicity occurs.
- Monitor BP, pulse and respiratory rate every 15 minutes until a stable infusion rate is reached, then hourly until 30 minutes after infusion is complete.

STOP the infusion and call the Physician if any of the following occur:

- BP falls to less than 80/50 mmHg or pulse increases to greater than 120 BPM *OR*
- Flushing, dyspnea, rrigors, rash, pruritus, vomiting, chest pain *OR*
- Any other new acute discomfort or signs of allergic reaction.

For subsequent infusions:

- Start riTUXimab infusion at 100 mg/hour and increase by 100 mg/hour every 30 minutes until a rate of 400 mg/hour is reached unless toxicity as defined above occurs.
- Monitor BP, pulse and respiratory rate every 30 minutes for the first hour, then hourly until 15 minutes after the infusion is complete.

STOP the infusion and call the Physician if any of the following occur:

- BP falls to less than 80/50 mmHg or pulse increases to greater than 120 BPM *OR*
- Flushing, dyspnea, rrigors, rash, pruritus, vomiting, chest pain *OR*
- Any other new acute discomfort or signs of allergic reaction.

- Discontinue IV 30 minutes after administration if patient is stable.
- Discharge home after IV discontinued.

Fax completed order to medical day care (Fax # ____________________________) and to hospital pharmacy, with BCPRA approval letter (if applicable) (Fax # ____________________________)

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