IREDELL HEALTH SYSTEM

Rituximab Administration Guidelines	
Approved by: Pamela Turner, RN, Dir of 1North & Infusion Care Services Laura Rollings, PharmD, BCPS, BCGP	Last Revised/Reviewed Date: N/A
Dept of Medicine P&T Committee	Date: 11/2025 Date: 12/2025

Policy:
Rituximab, or facility approved biosimilar formulary agent, shall be administered intravenously as ordered by a provider.

Rituximab shall be administered by a chemotherapy certified nurse or a specifically trained nurse for administration of rituximab providing one-on-one care during infusion. Rituximab is permitted to be administered on the following nursing units: Critical Care/Progressive Care Unit, 1 North, Infusion Care Services.

Procedure:
1. Pre-medications as ordered by providers, such as diphenhydramine and acetaminophen, shall be administered 30 minutes prior to the start of the infusion.
2. Rituximab shall never be administered as IV Push, bolus or subcutaneously.
3. Initial Infusion shall follow the below guidance:
    a. Start infusion rate of 50 mg/hour
    b. If there is no infusion-related reaction, increase the rate by 50 mg/hour increments every 30 minutes
    c. May increase to maximum of 400 mg/hour
4. Subsequent infusions shall follow the below guidance:
    a. If patient tolerated initial infusion, start at 100 mg/hour
    b. If there is no infusion-related reaction, increase the rate by 100 mg/hour increments every 30 minutes
    c. May increase to maximum of 400 mg/hour
5. An accelerated infusion rate of over 90 minutes shall be specifically ordered by provider.

Monitoring:
1. Obtain vital signs every 5 minutes x15 minutes, then increase every 15 minutes x3, then shall obtain vital signs every 30 minutes until infusion complete.
2. Patients must be observed for 1 hour after infusion is completed for any infusion related reactions.
3. Notify the provider of any infusion related reactions.

Infusion Related Reactions may include the following:

Chills/fever	Angioedema	Myalgias
Headache	Bronchospasm	Arthralgia
Nausea/ Vomiting	Hypotension	Urticaria

Patients who develop clinically significant arrhythmias should undergo cardiac monitoring during and after subsequent infusions of rituximab.

In the event a patient develops an infusion-related reaction, nursing shall do the following:

1. Stop the infusion and bolus Normal Saline. Notify provider of reaction and for further orders.
2. Resume infusion at a minimum 50% reduction in rate after symptoms have resolved as per provider orders.

Documentation:

1. Document intravenous site, time of administration of start of infusion, and infusion rate changes.
2. Document any complications observed and actions taken.

INITIAL EFFECTIVE DATE: 10/2025
DATES REVISIONS EFFECTIVE:
DATES REVIEWED (no changes):