

Infusional RICE: Rituximab, Ifosfamide, Carboplatin, Etoposide for Lymphoma

Contact Physician: _____ **Pager:** _____

Diagnosis: _____

Cycle: _____ **Day 1 =** _____ **Cycle 1: Consent form done**

Weight: _____ **Height:** _____ **BSA:** _____

Adjusted IBW: _____ **Adjusted BSA:** _____

Allergies: _____

Rituximab 375mg/m² IV day 1
Etoposide 100mg/m²/day IV over 1 hour daily, days 1-3
Ifosfamide 5grams/m² with equal dose Mesna CIVI over 24hours beginning day 2
Carboplatin dose per Calvert formula, given IV over 2 hours day 2. Maximum dose 800mg.

Creatinine Clearance: _____ ml/min $\frac{[(140-\text{age}) \times \text{wt}(\text{kg})]}{72 \times \text{serum Cr}}$ X (0.85 for women)

1. Hydration: Start IV hydration 6 hours before starting chemotherapy using Sodium Chloride 0.9% at _____ mL/hour (3L/m²/day). Upon initiation of chemotherapy, adjust maintenance fluid to keep total fluid _____ ml/hour. Continue hydration throughout chemotherapy and for 12 hours after completion of ifosfamide. May give rituximab during pre-hydration.

2. Prophylactic Medications: (check the appropriate medications)

- Allopurinol: 300mg PO daily for _____ days
- Acyclovir: 400mg PO twice daily
- TMP/Sulfa: 80/400mg 2 tablets PO twice daily every Sat/Sun
- Antifungal:
- GI prophylaxis:

3. Anti-emetics: High emetogenic potential

- Ondansetron: 16mg PO twice daily for 6 doses, then prn. First dose prior to chemotherapy.
- Ondansetron: 16mg IV twice daily if unable to tolerate PO
- Dexamethasone: 20 mg PO daily, days 1-3 and 8 mg PO twice daily days 4-6.
- Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
- Prochlorperazine 10mg PO every 6 hours prn nausea
- Aprepitant 125mg PO day 1, 80mg PO day 2&3.

4. Rituximab: (375mg/m²) _____mg IV in Sodium Chloride 0.9% at standard dilution of 2mg/mL.

- Acetaminophen 650 mg PO 30 minutes prior to rituximab
- Diphenhydramine 50 mg PO or IV 30 minutes prior to rituximab

First Infusion: Begin at 25mL/hour, increasing in 25mL/hour increments every 30minutes to maximum rate of 200mL/hour.

Subsequent Infusions may begin at 50mL/hour, increasing by 50mL/hour every 30 minutes to a maximum rate of 200mL/hour.\

All infusions: Vital signs every 15 minutes times 4, then every 30minutes until completed.

Anti-anaphylactic medications:

- Epinephrine 1:1000mL
- Epinephrine 1:10,000mL
- Diphenhydramine 50mg IV
- Hydrocortisone 100mg IV

5. Chemotherapy:

- **Etoposide** (100mg/m²/day) _____ mg in Sodium Chloride 0.9% 500mL IV over 1 hour daily on Days 1-3.
 - **Ifosfamide** (5 grams/m²) _____ grams mixed in the same Sodium Chloride 0.9% 1000mL bag with an equal dose of **Mesna** _____ grams to be given as a continuous IV infusion over 24 hours beginning Day 2.
 - **Carboplatin** (using Calvert formula = 5 X (CrCL + 25) _____ mg in Dextrose 5% in water 500mL IV over 2 hours on day 2. (Maximum dose of 800 mg).
 - **Furosemide:** 20 mg IV 1 hour after the start of Ifosfamide.
4. **Filgrastim** (≤ 70 kg =300 mcg; > 70 kg = 480 mcg) _____ mcg subcutaneous daily starting day 5 _____, discontinue when neutrophil count is greater than 4000 after nadir.
6. **Discharge:** Every Monday and Thursday until count recovery: WBC, diff, Hgb, plt. If done at outside lab, fax results to Cancer Clinic triage (608) 266-6020.

Follow-up: Next cycle should begin 2-3 weeks from start if neutrophil count is >1000 and platelets are $>50,000$.

Signed: _____ Pager: _____

Reference: Blood 103(10) 2004: 3684-3688

JCO 17 (12) 1999: 3776-3785

