CommonSpirit

**Infusion Therapy Order**

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

**Prescriber Information:**

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

## SJH ANIFROLUMAB-FNIA (SAPHNELO)

**version 8/28/2023**

### Appointment Request

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)** | | | |
| ☑ | Infusion Appointment Request | Every 28 days | S | Until discont'd |

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

## Appointment Request (continued)

## Provider Communication

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN PROVIDER COMMUNICATION ANIFROLUMAB GUIDELINES** | | | |
| ☑ | Physician communication order | Every visit | S | Until discont'd |
| | Normal | | | |
| ☑ | Physician communication order | Every visit | S | Until discont'd |
| | Normal | | | |
| ☑ | **SJH ONCBCN PROVIDER COMMUNICATION UPDATE IMMUNIZATIONS PRIOR TO ANIFROLUMAB ADMINISTRATION** | | | |
| ☑ | Physician communication order | Once | S | 1 treatment |
| | Normal | | | |

## Nursing Communication

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN NURSING COMMUNICATION - ACTIVE INFECTION** | | | |
| ☑ | Nursing Communication | Every visit | S | Until discont'd |

Assess patient for signs and symptoms of active infections and notify physician if present. HOLD Treatment for active infections.

## Flushes

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO** | | | |
| ☑ | sodium chloride 0.9% (NS) bolus | PRN | S | Until discont'd |

500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued
Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.

## Medications

## Medications (continued)

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN MED ANIFROMLUMAB-FNIA 300 MG OVER 30 MINUTES** | | | |
| ☑ | anifrolumab-fnia 300 mg in sodium chloride 0.9% (NS) 102 mL infusion | Every 28 days | S | Until discont'd |

300 mg, intravenous, Once, Starting when released
Administer by IV infusion using a low-protein binding 0.2 to 15 micron in-line or add-on filter over 30 minutes. Flush infusion set with 25 mL of NS upon completion. Do not administer other medication through same line.

## Hypersensitivity Medications

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN** | | | |
| ☑ | IV/CVAD Line Care | PRN | S | Until discont'd |

Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.

| | | | | |
|---|---|---|---|---|
| ☑ | Deaccess/Discontinue CVAD | PRN | S | Until discont'd |

No details available for preview

| | | | | |
|---|---|---|---|---|
| ☑ | Oxygen Therapy - | PRN | S | Until discont'd |

Clinic Performed, Status: Future, Expected: S, Expires: S+396
Start for any grade of reaction.
O2 Delivery Method: Nasal cannula
Titrate to saturation of: 92%
Indications of O2: Other (see comments)

| | | | | |
|---|---|---|---|---|
| ☑ | sodium chloride 0.9% (NS) infusion | PRN | S | Until discont'd |

1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released
Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.

Start for any grade of reaction.

| | | | | |
|---|---|---|---|---|
| ☑ | diphenhydrAMINE (BENADRYL) injection 50 mg | PRN | S | Until discont'd |

50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Start for any grade of reaction.

| | | | | |
|---|---|---|---|---|
| ☑ | famotidine (PEPCID) injection 20 mg | PRN | S | Until discont'd |

20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Start for any grade of reaction.

| | | | | |
|---|---|---|---|---|
| ☑ | dexamethasone (DECADRON) injection | PRN | S | Until discont'd |

10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL | PRN | S | Until discont'd |

0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released
Do NOT administer via direct IV injection without dilution.

Give for Grade III - SEVERE/Anaphylaxis Symptoms.