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 UBLITUXIMAB (BRIUMVI)

version 7/28/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (270 MIN)**			
☑	Infusion Appointment Request	Once	S	1 treatment

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 270 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Once	S+14	1 treatment
	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			
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Every 24 weeks	S+168	treatments
	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			

Flushes

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

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 MG PO, METHYLPRED 100 MG IV, DIPH 25 MG IV)**			
☑	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	treatments
	650 mg, oral, Once, Starting at treatment start time			
☑	methylPREDNISolone (SOLU-MEDROL) injection 100 mg	Every visit	S	treatments
	100 mg, intravenous, Once, Starting at treatment start time			
☑	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	treatments
	25 mg, intravenous, Once, Starting at treatment start time			

Medications

Medications (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN MED UBLITUXIMAB 150 MG INFUSION INITIAL**			
☑	ublituximab-xiiy (BRIUMVI) 150 mg in sodium chloride 0.9% (NS) 250 mL infusion	Once	S	1 treatment
	150 mg, intravenous, Once, Starting 30 minutes after treatment start time Dose 1 (150 mg): Initiate infusion at 10 mL/hour for 30 minutes; if tolerated, increase to 20 mL/hour for 30 minutes; if tolerated, increase to 35 mL/hour for 60 minutes; if tolerated, increase to 100 mL/hour for the remainder of the infusion.			
☑	**SJH ONCBCN MED UBLITUXIMAB 450 MG INFUSION SUBSEQUENT**			
☑	ublituximab-xiiy (BRIUMVI) 450 mg in sodium chloride 0.9% (NS) 250 mL infusion	Once	S+14	1 treatment
	450 mg, intravenous, Once, Starting 30 minutes after treatment start time Dose 2 and subsequent infusions (450 mg): Initiate infusion at 100 mL/hour for 30 minutes; if tolerated, increase to 400 mL/hour for the remainder of the infusion.			
☑	**SJH ONCBCN MED UBLITUXIMAB 450 MG INFUSION SUBSEQUENT**			
☑	ublituximab-xiiy (BRIUMVI) 450 mg in sodium chloride 0.9% (NS) 250 mL infusion	Every 24 weeks	S+168	treatments
	450 mg, intravenous, Once, Starting 30 minutes after treatment start time Dose 2 and subsequent infusions (450 mg): Initiate infusion at 100 mL/hour for 30 minutes; if tolerated, increase to 400 mL/hour for the remainder of the infusion.			

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care	PRN	S	treatments
	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	treatments
	No details available for preview			
☑	Oxygen Therapy -	PRN	S	treatments
	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	treatments
	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.			

		Interval	Defer Until	Duration
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	treatments
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	treatments
	20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	treatments
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	treatments
	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.			