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 RHEUM BELIMUMAB (BENLYSTA)

version 4/11/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☑	Infusion Appointment Request	Every 14 days	S	3 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 120 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 (120 MIN)**			
☑	Infusion Appointment Request	Every 28 days	S+70	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PROVIDER COMMUNICATION BENLYSTA**			
☑	Provider Communication	Every visit	S	Until discont'd

No details available for preview

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.

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 PO / DIPH 25 PO/IVP)**			
☐	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd

650 mg, oral, Once, Starting at treatment start time
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Premed 30-60 minutes before each dose.

☐	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every visit	S	Until discont'd

25 mg, oral, Once, Starting at treatment start time
Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.

☐	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd

Pre-Medications (continued)

	Interval	Defer Until	Duration

25 mg, intravenous, Once, Starting at treatment start time
Premed 30-60 minutes before each dose.

Medications

	Interval	Defer Until	Duration
☑ **SJH ONCBCN THERAPY BELIMUMAB (BENLYSTA) 100 MG/KG**			
☑ belimumab (BENLYSTA) 10 mg/kg in sodium chloride 0.9% (NS) 250 mL infusion	Every 14 days	S	3 treatments

10 mg/kg, intravenous, Once, Starting at treatment start time
Infuse over at least one hour as per BENLYSTA product monograph. Do not shake. Compatible w/ NS only. Protect from light.

☑ **SJH ONCBCN THERAPY BELIMUMAB (BENLYSTA) 100 MG/KG**			
☑ belimumab (BENLYSTA) 10 mg/kg in sodium chloride 0.9% (NS) 250 mL infusion	Every 28 days	S+70	Until discont'd

10 mg/kg, intravenous, Once, Starting at treatment start time
Infuse over at least one hour as per BENLYSTA product monograph. Do not shake. Compatible w/ NS only. Protect from light.

Emergency Medications

	Interval	Defer Until	Duration
☑ **SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑ 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

No details available for preview

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

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
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

		Interval	Defer Until	Duration
	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 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			
☑	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.			