

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 LECANEMAB-IRMB (LEQEMBI)

version 4/2/2024

Appointment Request

		Interval	Defer Until	Duration
☒	SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)			
☒	Infusion Appointment Request	Every 14 days	S	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

Appointment Request (continued)

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.				

Medications

		Interval	Defer Until	Duration
☒	SJH ONCBCN MED LECANEMAB-IRMB 10 MG/KG ADMIN 60 MINUTES			
☒	lecanemab-irmb (LEQEMBI) 10 mg/kg in sodium chloride 0.9% (NS) Infusion	Every 14 days	S	treatments
10 mg/kg, intravenous, Once, Starting at treatment start time Administer by IV infusion over 1 hour through an IV line containing a terminal low-protein binding 0.2 micron in-line filter. Flush IV line following infusion.				

Emergency 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

	Interval	Defer Until	Duration
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	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.			