

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 INCLISIRAN (LEQVIO)

version 2/15/2024

Appointment Request

		Interval	Defer Until	Duration
☒	SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)			
☒	Infusion Appointment Request	Every 90 days	S	2 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)

		Interval	Defer Until	Duration
☒	SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)			
☒	Infusion Appointment Request	Every 180 days	S+270	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				

Medications

		Interval	Defer Until	Duration
☒	SJH ONCBCN MED LEQVIO 284 MG SUBCUTANEOUS INJECTION			
☒	incisiran (LEQVIO) 284 mg/1.5 mL syringe	Every 90 days	S	2 treatments
284 mg, subcutaneous, Once, Starting when released Administer by subcutaneous injection into the abdomen, upper arm, or thigh.				
☒	SJH ONCBCN MED LEQVIO 284 MG SUBCUTANEOUS INJECTION			
☒	incisiran (LEQVIO) 284 mg/1.5 mL syringe	Every 180 days	S+270	Until discont'd
284 mg, subcutaneous, Once, Starting when released Administer by subcutaneous injection into the abdomen, upper arm, or thigh.				

Emergency 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

	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	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			
☒ 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.			