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 LUSPATERCEPT-AAMT (REBLOZYL) 1 MG/KG EVERY 3 WEEKS

version 3/20/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN INJECTION APPOINTMENT REQUEST**			
☑	Injection Appointment Request	Every 3 weeks	S+7	6 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
☐	CBC with Automated Diff	Every 3 weeks	S+7	6 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	CBC Auto Diff 3 Parts	Every 3 weeks	S+7	6 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP (OR BMP/HF) W/ LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 3 weeks	S+7	6 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 3 weeks	S+7	6 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☐	Hepatic function panel	Every 3 weeks	S+7	6 treatments
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY LUSPATERCEPT-AAMT 1 MG/KG**			
☑	luspatercept-aamt (REBLOZYL) injection 1 mg/kg (Treatment Plan)	Every 3 weeks	S+7	6 treatments
	1 mg/kg, subcutaneous, Once			

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.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	Start for any grade of reaction. 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.			