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 NEURO ECULIZUMAB (SOLIRIS)

version 2/14/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (240 MIN)**			
☑	Infusion Appointment Request	Every 7 days	S	4 treatments

Appointment Request (continued)

		Interval	Defer Until	Duration
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 240 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (240 MIN)**			
☑	Infusion Appointment Request	Every 14 days	S+28	Until discont'd
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 240 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO STANDARD 2**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Observe patient for 1 hour post infusion for adverse events. Slow infusion rate if needed. Implement infusion reaction management standing orders if patient develops reaction. Notify provider for any adverse reactions.			
☑	Nursing Communication	Every visit	S	Until discont'd
	For questions during office hours, contact provider's office number. Contact cell phone of provider for signs and symptoms of allergic reaction.			
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.			

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 / DIPH 50 PO / SOLUMEDROL 125 IV)**			
☑	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			
☑	diphenhydrAMINE (BENADRYL) tablet/capsule 50 mg	Every visit	S	Until discont'd
	50 mg, oral, Once, Starting at treatment start time			
☑	methylPREDNISolone (SOLU-MEDROL) injection 125 mg	Every visit	S	Until discont'd

Pre-Medications (continued)

	Interval	Defer Until	Duration

125 mg, intravenous, Once, Starting at treatment start time

Flushes

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 10 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd

10 mL, intravenous, As needed, Flush lines as needed, 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 THERAPY ECULIZUMAB (SOLIRIS) 900 MG OVER 35 MIN (30 MIN OFFSET)**			
☑	eculizumab (SOLIRIS) 900 mg in sodium chloride 0.9% (NS) IVPB	Every 7 days	S	4 treatments

900 mg, intravenous, Once, Starting 30 minutes after treatment start time
Medication must be administered within 2 day of time points. Administer over 35 minutes not to exceed 2 hours.

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY ECULIZUMAB (SOLIRIS) 1200 MG OVER 35 MIN (30 MIN OFFSET)**			
☑	eculizumab (SOLIRIS) 1,200 mg in sodium chloride 0.9% (NS) IVPB	Every 14 days	S+28	Until discont'd

1,200 mg, intravenous, Once, Starting 30 minutes after treatment start time
Medication must be administered within 2 day of time points. Administer over 35 minutes not to exceed 2 hours.

Hypersensitivity 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

		Interval	Defer Until	Duration
☑	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
	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.			