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 EFGARTIGIMOD ALFA-FCAB (VYVGART)

version 4/2/2024

Appointment Request

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

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

Provider Communication

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

Weight <120kg: give 10mg/kg IV qwk x 4wk. Weight >120kg: give 1200mg IV qwk x 4wk. May repeat cycle in 8-16 weeks based on patient clinical response.

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION VITALS PRE / POST**			
☑	Nursing Communication	Every visit	S	Until discont'd

Vital signs: pre and post dosing per department policy.

☑	**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 ACETAMINOPHEN 650 MG**			
☑	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd

Pre-Medications (continued)

		Interval	Defer Until	Duration
	650 mg, oral, Every 6 hours PRN, Infusion reaction, Starting when released, for 1 dose Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours			
☑	**SJH ONCBCN PREMED DIPHENHYDRAMINE 50 MG PO**			
☑	diphenhydrAMINE (BENADRYL) tablet/capsule 50 mg	Every visit	S	Until discont'd
	50 mg, oral, Once, Starting when released			
☑	**SJH ONCBCN PREMED SOLUMEDROL 125 MG IVP**			
☑	methylPREDNISolone (SOLU-MEDROL) injection 125 mg	Every visit	S	Until discont'd
	125 mg, intravenous, Once, Starting at treatment start time Administer 30 minutes prior to main infusion.			

PRN Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 10 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	PRN	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 EFGARTIGIMOD ALFA-FCAB (VYVGART) 10 MG/KG OR 1200 MG (30 MIN OFFSET)**			
◎	efgartigimod alfa-fcab (VYVGART) 10 mg/kg in sodium chloride 0.9% (NS) 125 mL infusion	Every 7 days	S	4 treatments
	10 mg/kg, intravenous, Once, Starting 30 minutes after treatment start time Infuse over one hour using a 0.2 micron in-line filter. NOT for IV Push or BOLUS. Flush line with NS upon completion. Administer within 4 hours of dilution at room temp, if not possible - may refrigerate (36-46 degrees F) for up to 8 hours - Allow to return to room temp prior to administration and complete within 4 hours of removal from refrigeration. Selection Condition: Weight less than or equal to 120kg			
◎	efgartigimod alfa-fcab (VYVGART) 1,200 mg in sodium chloride 0.9% (NS) 125 mL infusion	Every 7 days	S	4 treatments
	1,200 mg, intravenous, Once, Starting 30 minutes after treatment start time Infuse over one hour using a 0.2 micron in-line filter. NOT for IV Push or BOLUS. Flush line with NS upon completion. Administer within 4 hours of dilution at room temp, if not possible - may refrigerate (36-46 degrees F) for up to 8 hours - Allow to return to room temp prior to administration and complete within 4 hours of removal from refrigeration. Selection Condition: Weight less than or equal to 120kg			

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			
☑	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.			