Spectrum Health

Patient Name
DOB
MRN
Physician
FIN

Physician's Orders
ECULIZUMAB (SOLARIS)
FOR ATYPICAL HEMOLYTIC UREMIC SYNDROME (AHUS) - PEDIATRIC/ADULT, OUTPATIENT, INFUSION CENTER

Defaults for orders not otherwise specified below:

Induction Dose:

- ☐ Interval: Once (PEDS 5 kg to < 20 kg)
- ☐ Interval: Every 7 days x 2 doses (PEDS 20 kg to less than 40 kg)
- ☐ Interval: Every 7 days x 4 doses (Patients equal to or greater than 40 kg)

Maintenance Dose (Starting 1 week after last Induction dose):

- ☐ Interval: Every 21 days (PEDS 5 kg to < 10 kg)
- ☐ Interval: Every 14 days

Duration:

- ☐ Until date: _____
- ☐ 1 year
- ☐ _____# of Treatments

Anticipated Infusion Date_____ ICD 10 Code with Description_____

Height_____(cm) Weight_____(kg) Allergies_____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Provider Reminder

☑ ONC PROVIDER REMINDER 26

Prescribing physician must be enrolled in One Source Safety Support Program (Soliris REMS program, 1-888-765-4747)

☑ ONC PROVIDER REMINDER 25

Patient must have received meningococcal vaccination at least 2 weeks prior to START of eculizumab therapy or as soon as possible if urgent eculizumab therapy is indicated.

☑ ONC PROVIDER REMINDER 10

Pretreatment with antihistamines with or without antipyretics is not recommended. For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions Therapy Plan".

☑ ONC PROVIDER REMINDER 23

For adults and children greater than or equal to 40 kg, induction dose is 900 mg weekly for 4 doses.

Supplemental Dosing:

For patients receiving plasmapheresis or plasma exchange, if most recent dose was greater than or equal to 600 mg, administer 600 mg within 60 minutes after each plasmapheresis or plasma exchange.
For patients receiving fresh frozen plasma infusion, if most recent dose was greater than or equal to 300 mg, administer 300 mg within 60 minutes prior to each 1 unit of fresh frozen plasma infusion.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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Labs

- ☑ Urinalysis (UA)
  STAT, Starting S, For 1 Occurrences, Urine, clean catch
- ☑ Protein/Creatinine, Random Urine
  STAT, Starting S, For 1 Occurrences, Urine, clean catch
- ☑ Comprehensive Metabolic Panel (CMP)
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☑ Phosphorus, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☑ Uric Acid, Blood Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☑ Lactate Dehydrogenase (LDH)
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☑ Complete Blood Count without Differential
  STAT, Starting S, For 1 Occurrences, Blood, Venous
- ☑ Haptoglobin Level
  STAT, Starting S, For 1 Occurrences, Blood, Venous

☐ _____

☐ Every ___days
☐ Once

☐ Until date: _____
☐ 1 year
☐ _____# of Treatments
☐

Medication

☑ eculizumab (SOLIRIS) in sodium chloride 0.45 % IVPB, over 60 minutes

Induction dose:
☐ 300 mg (5 kg to < 10 kg)
☐ 600 mg (10 kg to < 20 kg)
☐ 600 mg (20 kg to < 30 kg)
☐ 600 mg (30 kg to < 40 kg)
☐ 900 mg (equal to or > 40 kg)

Maintenance dose:
☐ 300 mg (5 kg to < 10 kg)
☐ 300 mg (10 kg to < 20 kg)
☐ 600 mg (20 kg to < 30 kg)
☐ 900 mg (30 kg to < 40 kg)
☐ 1200 mg (equal to or > 40 kg)

Intravenous, Once, Starting S, For 1 Dose.

For pediatric patients, the total dose should be delivered over a minimum of 60 minutes, do not exceed a maximum of 4-hour duration. For adult patients, the total dose should be delivered over a minimum of 35 minutes, do not exceed a maximum of 2-hour duration.

Protect from Light. Do NOT shake. Infuse IV into 0.9% Sodium Chloride at port closest to the patient. At the end of the infusion, flush line with 0.9% sodium chloride.

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☑ ONC NURSING COMMUNICATION 27

PEDS 5 kg to < 10 kg: Maintenance treatment begins at week 2, then treatment occurs every 3 weeks.
PEDS 10 kg to <20 kg: Maintenance treatment begins at week 2, then treatment occurs every 2 weeks.
PEDS 20 kg to < 40 kg: Maintenance treatment begins at week 3, then treatment occurs every 2 weeks.
Patients > 40 kg: Maintenance treatment begins at week 5, then treatment occurs every 2 weeks.

☑ ONC NURSING COMMUNICATION 72

- Monitor vital signs with Pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every fifteen minutes through 30 minutes after drug completion.
- Notify attending physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure
- At the end of infusion, flush secondary line with 0.9% Sodium Chloride.
- Verify that patient has diphenhydramine and Epi-pen (as appropriate) available for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.
- Educate patient about the increased risk of serious infection. Instruct patient when to call:
  - A single oral temperature of >38.5°C (101.3°F),
  - Temperature of >38.0°C (100.4°F) on two separate occasions within a 12-hour period (but at least 30 minutes apart),
  - Patients with an infection may not exhibit a fever. Other symptoms suggestive of infection are shivering, redness/swelling of central line site, chills with line flush, unusual behavior change ("not acting like him/herself").
- Patient to remain in the outpatient clinic for observation after each infusion, for minimum of 60 minutes.
- An FDA-approved patient medication guide, is available with the product information at http://www.fda.gov/downloads/Drugs/DrugSafety/ucm089130.pdf, and may be dispensed with this medication

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		**VALIDATED:**		**ORDERED:**			
TIME	**DATE**	**TIME**	**DATE**	**TIME**	**DATE**	Pager #	
	Sign		**R.N. Sign**		**Physician Print**		**Physician**

EPIC VERSION DATE: 01/15/20

