

Patient Name
DOB
MRN
Physician
CSN

## Physician's Orders OMALIZUMAB (XOLAIR) -ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER Page 1 to 2

Defaults for orders not otherwise specified below:

- □ Interval: Every 14 days
- Interval: Every 28 days
- Interval: Every \_\_\_\_\_ days

#### Duration:

- Until date: \_\_\_\_\_
- □ 1 year
- □ \_\_\_\_# of Treatments

Anticipated Infusion Date		_ ICD 10 Code with Description	
Height	_(cm) Weight	(kg) Allergies	

### Provider Specialty

Provider Specially			
□ 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			
CH Gerber	CH Lemmen Holton (GR)	CH Pennock	CH Greenville
CH Helen DeVos (GR)	CH Ludington	CH Reed City	□ CH Zeeland
CH Blodgett (GR)			

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, Injection

Provider Ordering Guidelines

#### ONC PROVIDER REMINDER 12

Administer Xolair 150 to 375 mg by subcutaneous injection every 2 to 4 weeks. Determine dose (mg) and dosing frequency by serum total IgE level (IU/mL) measured before the start of treatment, and by body weight (kg).

#### **Nursing Orders**

## ONC NURSING COMMUNICATION 20

OMALIZUMAB (XOLAIR):

- If patient only gets one injection, alternate arms each time.

- Do not place a band-aid on the injection site.

- For the first 3 treatments with omalizumab, monitor patient for at least 2 hours after injection for anaphylaxis, headache, injection site reaction, serum sickness (joint pain, stiffness, rash, fever, swollen/enlarged lymph nodes).

- For treatment 4+ with omalizumab, monitor patient for at least 30 minutes after injection for anaphylaxis, headache, injection site reaction, serum sickness (joint pain, stiffness, rash, fever, swollen/enlarged lymph nodes).

## CONTINUED ON PAGE 2 →

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

# Corewell Health

Patient Name
DOB
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Until discont'd

## OMALIZUMAB (XOLAIR) -ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED) Page 2 to 2

omalizumab (XOLAIR) subcutaneous injection solution

□ 150	mg
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□ 300 mg

□ \_\_\_\_ mg

Subcutaneous, Once, Starting S, For 1 Doses Doses greater than 150 mg are divided among more than one injection site to limit injections to less than 150 mg per site. Do not inject into moles, scars, bruises, tender areas or broken skin. May take 5 - 10 seconds to administer (solution is slightly viscous).

#### **Emergency Medications**

Hypersensitivity Reaction Adult Oncology Protocol

Routine, Until discontinued Starting when released for 24 hours HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

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.

TR	ANSCRIBED:		VALIDATED:		ORDERED:		
TIN	4E	DATE	TIME	DATE	TIME	DATE	Pager #
				R.N.		Physician	Physician
		Sign		Sign		Print	Sign

EPIC VERSION DATE: 12/14/23

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