

Patient Name

DOB

MRN

Physician

CSN

Physician's Orders

OMALIZUMAB (XOLAIR) -

ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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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

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> CH Gerber | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock | <input type="checkbox"/> CH Greenville |
| <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City | <input type="checkbox"/> CH Zeeland |
| <input type="checkbox"/> 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).

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

