

Spectrum Physician's Orders Health MEPOLIZUMAB (NUCALA) ADULT, OUTPATIENT, INFUSION CENTER

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	Patient Name
_	DOB
-	MRN
	Physician
	FIN

Duration:			
Until date:	_		
□ 1 year □ # of Treatment	s		
	S		
Anticipated Infusion Date_	ICD 10 Code with Des	cription	
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
ppointment Requests Infusion Appointme Status: Future, Expect Injection	ted: S, Expires: S+365, Sched. Tolerance: Sche	dule appointment at most 3 days	s before or at most 3 days after,
Infusion Appointment Status: Future, Expect Injection ONC PROVIDER I Monitoring Parameters FEV1, peak flow, and/marker of a deterioration	REMINDER 21 s or other pulmonary function tests. Monitor for in ng asthma condition. w, and pulmonary function tests. Assess for inc	creased use of short-acting beta	2-agonist inhalers; may be a
Infusion Appointment Status: Future, Expect Injection Provider Ordering Guideline ONC PROVIDER I Monitoring Parameters FEV1, peak flow, and/marker of a deterioration Obtain FEV1, peak flow hypersensitivity, include worsens after initiation	REMINDER 21 s or other pulmonary function tests. Monitor for in a sthma condition. w, and pulmonary function tests. Assess for incling delayed reactions. Advise patient to seek m	creased use of short-acting beta	2-agonist inhalers; may be a
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Infusion Appointment Status: Future, Expect Injection Provider Ordering Guideline ONC PROVIDER I Monitoring Parameters FEV1, peak flow, and/marker of a deterioration Obtain FEV1, peak flow hypersensitivity, include worsens after initiation Itursing Orders ONC NURSING Control of the province of the province of the persensitivity reacting administration. Delayer	REMINDER 21 s or other pulmonary function tests. Monitor for in ng asthma condition. w, and pulmonary function tests. Assess for incling delayed reactions. Advise patient to seek m of therapy. OMMUNICATION 101 ons (eg, angioedema, bronchospasm, hypotens of hypersensitivity reactions, occurring days after the seek of	creased use of short-acting beta reased use of short-acting inhalo redical attention immediately if a	2-agonist inhalers; may be a ers. Assess for signs of sthma does not improve or typically within hours of
Infusion Appointment Status: Future, Expect Injection Provider Ordering Guideline ONC PROVIDER Infusion Parameters FEV1, peak flow, and/marker of a deterioration obtain FEV1, peak flow hypersensitivity, include worsens after initiation for the state of the state	REMINDER 21 s or other pulmonary function tests. Monitor for in ng asthma condition. w, and pulmonary function tests. Assess for incling delayed reactions. Advise patient to seek m of therapy. OMMUNICATION 101 ons (eg, angioedema, bronchospasm, hypotens of hypersensitivity reactions, occurring days after the seek of	creased use of short-acting beta reased use of short-acting inhalo redical attention immediately if a	2-agonist inhalers; may be a ers. Assess for signs of sthma does not improve or typically within hours of

ORDERED:

TIME

R.N. Sign

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Physician Print

Pager #

Physician

DATE

TRANSCRIBED:

TIME

DATE

VALIDATED:

DATE

TIME

Sign