

Patient Name _____
 DOB _____
 MRN _____
 Physician _____
 FIN _____

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"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Treatment Intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Types: ONCOLOGY SUPPORTIVE CARE, ONCOLOGY SUPPORTIVE CARE 2, ONCOLOGY SUPPORTIVE CARE 3, NON-ONCOLOGY SUPPORTIVE CARE, Non-Oncology Supportive Care 2, Non-Oncology Supportive Care 3
Synonyms: NEUROLOGY, SIMULECT

Cycle 1	# of cycles: 	Cycle length: 28 days
Day 1	Perform every 1 day x 1	
Appointment Requests		
<input checked="" type="radio"/> ONCBCN INFUSION APPOINTMENT REQUEST Interval: Once Occurrences: 1 Treatment Expected: S, Expires: S+365, No date restriction		
Provider Reminder		
<input checked="" type="radio"/> ONC PROVIDER REMINDER Interval: Until discontinued Occurrences: 1 Treatment Comments: Reactions, including anaphylaxis, have occurred both with the initial exposure and/or following re-exposure after several months. Use caution during re-exposure to a subsequent course of therapy in a patient who has previously received basiliximab. For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reaction Therapy Plan".		
Pre-Medications		
<input type="checkbox"/> acetaminophen (TYLENOL) 32 MG/ML suspension Selection conditions: ONCBCN weight less than 42 kg Dose: Route: Oral Once for 1 dose <input type="checkbox"/> 10 mg/kg Start: S <input type="checkbox"/> 15 mg/kg Instructions: Give 30 to 60 minutes prior to infusion. Recommended maximum single dose is 1000 mg. No more than 5 doses from all sources in 24-hour period, not to exceed 4000 mg/day.		

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.

CONTINUED ON PAGE 2 →

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

**BASILIXIMAB (SIMULECT),
 MONTHLY -
 PEDIATRIC, OUTPATIENT,
 INFUSION CENTER
 (CONTINUED)**

Patient Name
 DOB
 MRN
 Physician
 FIN

Page 2 of 3

- acetaminophen (TYLENOL) tablet**
Selection conditions: ONCBCN weight greater than or equal to 42 kg
 Dose: Route: Oral Once for 1 dose
 10 mg/kg Start: S
 15 mg/kg

Selection conditions: ONCBCN weight greater than or equal to 42 kg

Instructions:
 Give 30 to 60 minutes prior to infusion.

Recommended maximum single dose is 1000 mg.
 No more than 5 doses from all sources in 24-hour period, not to exceed 4000 mg/day.

- acetaminophen (TYLENOL) dispersable / chewable tablet**
 Dose: Route: Oral Once for 1 dose
 10 mg/kg Start: S
 15 mg/kg

Instructions:
 Give 30 to 60 minutes prior to infusion.

Recommended maximum single dose is 1000 mg.
 No more than 5 doses from all sources in 24-hour period, not to exceed 4000 mg/day.

Pre-Medications

- diphenhydrAMINE (BENADRYL) capsule**
Selection conditions: ONCBCN weight greater than or equal to 42 kg
 Dose: Route: Oral Once for 1 dose
 0.5 mg/kg Start: S
 1 mg/kg

Instructions:
 Give 30 to 60 minutes prior to infusion.

Recommended maximum single dose is 50 mg.

- diphenhydrAMINE (BENADRYL) 12.5 MG/5ML elixir**
Selection conditions: ONCBCN weight less than 42 kg
 Dose: Route: Oral Once for 1 dose
 0.5 mg/kg Start: S
 1 mg/kg

Instructions:
 Give 30 to 60 minutes prior to infusion.

Recommended maximum single dose is 50 mg.

- diphenhydrAMINE (BENADRYL) injection**
 Dose: Route: Intravenous Once for 1 dose
 0.5 mg/kg Start: S
 1 mg/kg

Instructions:
 Give 30 to 60 minutes prior to infusion.

Recommended maximum single dose is 50 mg.

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.

**BASILIXIMAB (SIMULECT),
 MONTHLY -
 PEDIATRIC, OUTPATIENT,
 INFUSION CENTER
 (CONTINUED)**

Patient Name
 DOB
 MRN
 Physician
 FIN

Page 3 of 3

Pre-Medications

methylPREDNISolone sodium succinate (SOLU-Medrol) injection

Dose: 30 mg/kg Route: Intravenous Once over 60 Minutes for 1 dose
 Start: S

Instructions:

Administer 60 minutes prior to infusion. If methylprednisolone dose is greater than or equal to 15 mg/kg or greater than or equal to 500 mg, administer over 60 minutes. Recommended maximum single dose is 1000 mg.

Monoclonal Antibody

basiliximab (SIMULECT) in sodium chloride 0.9 % 50 mL IVPB

Start: S Route: Intravenous Once over 30 Minutes for 1 dose

Dose:

- 10 mg (weight less than 35 kg)
- 20 mg (weight greater than or equal to 35 kg)

Instructions:

Do not administer IV push or bolus. Do not shake. Following infusion, flush with 30 mL of sodium chloride 0.9%. Observe patients during infusion (until complete) and monitor for hypersensitivity reactions; discontinue if a reaction occurs.

Nursing Orders

ONC NURSING COMMUNICATION 5

Interval: Until discontinued Occurrences: 1 Treatment
 Comments: Basiliximab

- Place intermittent infusion device if necessary.
- Do not administer if the solution is discolored or if foreign particulate matter is present.
- Monitor vital signs with Pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every 15 minutes through 30minutes after drug completion.
- Notify attending physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.
- Monitor for any new onset or worsening of neurological signs and symptoms.
- At the end of infusion, flush secondary line with at least 30 mL of 0.9% Sodium Chloride.
- Verify that patient has diphenhydramine/epi-pen available(as appropriate) 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.
- Discharge patient to home after infusion if no signs/symptoms of reaction

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:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

EPIC VERSION DATE:

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.