



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- INDUCTION DOSES:** Interval: Every 28 days for 3 treatments (Weeks 0, 4, 8)
- MAINTENANCE DOSES:** Interval: Every 56 days (Begin on week 12)

Duration:

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

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

**Site of Service**

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

**Provider Specialty**

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

**Appointment Requests**

	Interval	Duration
<input checked="" type="checkbox"/> 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 and possible labs. Verify that all INDUCTION/LOADING DOSES have been scheduled and offset appropriately when scheduling MAINTENANCE DOSES.		

**Safety Parameters and Special Instructions**

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**  
BENRALIZUMAB (FASENRA):  
  
Asthma: SubQ: 30 mg every 4 weeks for the first 3 doses, and then once every 8 weeks. The once every 8 week treatment should begin on week 12 of therapy.
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**  
Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

**Nursing Orders**

- ONC NURSING COMMUNICATION 34**  
BENRALIZUMAB (FASENRA):  
Monitor for Anaphylaxis/hypersensitivity reactions during and after infusion. Hypersensitivity reactions (eg, anaphylaxis, angioedema, urticaria, rash) may occur, typically within hours of administration. Delayed hypersensitivity reactions, occurring days after administration, have also been reported. Contact provider in patients who experience a hypersensitivity reaction.

**Medications**

- benralizumab (FASENRA) 30 MG/ML prefilled syringe 30 mg**  
30 mg, Subcutaneous, Once, Starting S, For 1 Doses  
Prior to administration allow prefilled syringe to warm to room temperature (approximately 30 minutes). Do not use if cloudy or discolored. Syringe may contain a small air bubble; do not expel the air bubble prior to administration.

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

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.