Physician's Orders OMALIZUMAB PEDIATRIC, OUTPATIENT, INFUSION CENTER

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Patient N	ame		
DOB			
MRN			
Physician			
FIN			

□	h dose:	Once	□ Until date: □ 1 year □# of Treatments
			□ 1 year
			□ 1 year
		□ Everydays	
		□ Everydays □ Once	Until date:1 year# of Treatments
		Interval	Duration
Orders			
	REMINDER 26 based on pretreatment IgE level and body we been interrupted for greater than or equal to		
rider Ordering Guidelines	j		
ONC PROVIDER R For symptoms of allerg	REMINDER ic reaction or anaphalaxis, order "Peds Hyper	rsensitivity Reactions" Therapy	Plan.
Infusion rider Reminder			
	nt Request ed: S, Expires: S+365, Sched. Tolerance: Sch	nedule appointment at most 3 d	ays before or at most 3 days after,
ointment Requests			
□ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	□ SH Zeeland
□ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
□ Genetics Site of Service	☐ Neurology	☐ Pulmonary	☐ Wound Care
□ Gastroenterology	□ Nephrology	□ Otolaryngology	□ Urology
Provider Specialty □ Allergy/Immunology □ Cardiology	☐ Infectious Disease ☐ Internal Med/Family Practice	□ OB/GYN □ Other	□ Rheumatology □ Surgery
, ,	Weight(kg) Allergies	<u>. </u>	
Anticipated Infusion Date_	ICD 10 Code with D	escription	
Ouration: □ Until date: □ 1 year □# of Treatments			
Interval: Every day			
☐ Interval: Every 28 days	•		
Interval: Eve	ry 28 days		ry 28 days

OMALIZUMAB-PEDIATRIC, OUTPATIENT, **INFUSION CENTER** (CONTINUED) Page 2 of 2

Patient Name
DOB
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	~	omalizumab (XOLAIR) subcutaneous injection solution
		Dose:
		□ 150 mg
		□ 300 mg
		Subcutaneous, Once, Starting S, For 1 Dose Doses greater than 150 mg are divided among more than one injection site to limit injections to less than 150 mg per site.
Nur	sing O	rders
	~	ONC NURSING COMMUNICATION 70
		Due to viscosity, injections may take 5 to 10 seconds to administer.
	~	ONC NURSING COMMUNICATION 72
		- Notify attending physician, NP or PA-C if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if

- 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.
- Observe patient in the infusion center for 2 hours following completion of injection.

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.

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