



**Spectrum Health** Physician's Orders  
**BELIMUMAB (BENLYSTA) - ADULT, OUTPATIENT, INFUSION CENTER**

Page 1 of 2

Patient Name  
 DOB  
 MRN  
 Physician  
 FIN

Defaults for orders not otherwise specified below:

- INITIAL DOSES:** Interval: Every 14 days x 3 treatments
- MAINTENANCE DOSES:** Interval: Every 28 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"/> 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         |

**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, 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 6**  
 Verify all INDUCTION/LOADING DOSES given prior to start of MAINTENANCE DOSES

**Nursing Orders**

- ONC NURSING COMMUNICATION 14**  
 BELIMUMAB (BENLYSTA):  
  
 An FDA-approved patient medication guide, which is available with the product information and at [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2016/125370s0551bl.pdf#page=21](http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/125370s0551bl.pdf#page=21), must be dispensed with this medication.  
  
 Monitor for hypersensitivity reactions; onset may occur within hours of the infusion or may be delayed. Non-acute hypersensitivity reactions, including facial edema, fatigue, headache, myalgia, nausea, and rash have been reported and may occur up to a week following infusion. Immediately discontinue infusion for severe reactions and contact provider.

- ONC NURSING COMMUNICATION 100**  
 May Initiate IV Catheter Patency Adult Protocol

**Vitals**

- Vital Signs**  
 Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

**CONTINUED ON PAGE 2 →**

**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.



Patient Name  
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**Pre-Medications**

acetaminophen (TYLENOL) tablet

- 325 mg
- 500 mg
- 650 mg
- 1000 mg

Oral, Once, Starting S, For 1 Dose

diphenhydrAMINE (BENADRYL) capsule

- 25 mg
- 50 mg

Oral, Once, Starting S, For 1 Dose

Pre-medication with dose: \_\_\_\_\_

**Medications**

belimumab (BENLYSTA) 10 mg/kg in sodium chloride 0.9 % 250 mL IVPB

10 mg/kg, Intravenous, Administer over 1 Hour, Once, Starting 30 minutes after treatment start time, For 1 Dose

Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions. Consider premedicating with an antihistamine and antipyretic for prophylaxis against hypersensitivity or infusion reactions.



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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

EPIC VERSION DATE: 03/19/20