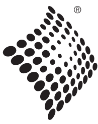

Spectrum Health

Physician's Orders BENRALIZUMAB (FASENRA) - ADULT, OUTPATIENT, INFUSION CENTER

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_______________________________________

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

Appointment Requests

		Interval	Duration
☑ Infusion Appointment Request	INDUCTION ONLY	☑ Every 28 days	☑ 3 Treatments
	MAINTENANCE	☑ Every 56 days	☑ Until discontinued

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

EPIC VERSION DATE: 03/19/20

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

 © Spectrum Health

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.