Defaults for orders not otherwise specified below:

- 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
- 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

- 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, Injection

Provider Ordering Guidelines

- ONC PROVIDER REMINDER 21
  Monitoring Parameters
  FEV1, peak flow, and/or other pulmonary function tests. Monitor for increased use of short-acting beta2-agonist inhalers; may be a marker of a deteriorating asthma condition.
  Obtain FEV1, peak flow, and pulmonary function tests. Assess for increased use of short-acting inhalers. Assess for signs of hypersensitivity, including delayed reactions. Advise patient to seek medical attention immediately if asthma does not improve or worsens after initiation of therapy.

Nursing Orders

- ONC NURSING COMMUNICATION 101
  Hypersensitivity reactions (eg, angioedema, bronchospasm, hypotension, urticarial, rash) may occur, typically within hours of administration. Delayed hypersensitivity reactions, occurring days after administration, have also been reported. Discontinue use in patients who experience a hypersensitivity reaction.

Medications

- mepolizumab (NUCALA) injection 100 mg
  100 mg, Subcutaneous, Once, Starting S, For 1 Dose
  Administer via Subcutaneous injection into the upper arm, thigh, or abdomen using a polypropylene syringe fitted with a 21- to 27-gauge 0.5 inch (13 mm) needle. Do not shake the reconstituted solution as this could lead to product foaming or precipitation.

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.