Physician's Orders
MEPOLIZUMAB (NUCALA) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 1

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
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- Site of Service
  - ☐ SH Gerber
  - ☐ SH Helen DeVos (GR)

Appointment Requests
- ☑ Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+366, 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 Doses

  Administer via SubQ 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.

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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Sign  R.N. Sign  Physician Print  Physician

EPIC VERSION DATE: 11/14/18

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