



Spectrum Health Physician's Orders
MEPOLIZUMAB (NUCALA) - ADULT, OUTPATIENT, INFUSION CENTER

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Patient Name
 DOB
 MRN
 Physician
 FIN

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

- | | | | |
|---|---|---|---------------------------------------|
| <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+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.

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

EPIC VERSION DATE: 11/14/18

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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.