Defaults for orders not otherwise specified below:
- Interval: Every 28 days
- Interval: Every ___ 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
- 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, Infusion

Provider Reminder
- ONC PROVIDER REMINDER
  For symptoms of allergic reaction or anaphalaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.

Provider Ordering Guidelines
- ONC PROVIDER REMINDER 26
  Dose of omalizumab is based on pretreatment IgE level and body weight. Dose should be adjusted for significant changes in body weight. If therapy has been interrupted for greater than or equal to 1 year, total IgE level should be re-evaluated for dosing determination.

Lab Orders

<table>
<thead>
<tr>
<th></th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Every ___ days</td>
<td>Until date: _______</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____ # of Treatments</td>
</tr>
</tbody>
</table>

Pre-Medications

- Pre-medication with dose: ________________________________________________
- Pre-medication with dose: ________________________________________________

CONTINUED ON PAGE 2 ➔
Medications

☑ omalizumab (XOLAIR) subcutaneous injection solution
  
  Dose:
  ☐ 150 mg
  ☐ 300 mg

Subcutaneous, Once, Starting S, For 1 Dose
Doses greater than 150 mg are divided among more than one injection site to limit injections to less than 150 mg per site.

Nursing Orders

☑ ONC NURSING COMMUNICATION 70
  Due to viscosity, injections may take 5 to 10 seconds to administer.

☑ ONC NURSING COMMUNICATION 72
  - Notify attending physician, NP or PA-C if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.
  - Verify that patient has diphenhydramine / EpiPen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.
  - Observe patient in the infusion center for 2 hours following completion of injection.

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.