Spectrum Health

Physician's Orders OMALIZUMAB (XOLAIR) - ADULT, OUTPATIENT, INFUSION CENTER

Patient Name

DOB

MRN

Physician

FIN

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 14 days
- ☐ 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

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 12

Administer Xolair 150 to 375 mg by subcutaneous injection every 2 to 4 weeks. Determine dose (mg) and dosing frequency by serum total IgE level (IU/mL) measured before the start of treatment, and by body weight (kg).

Nursing Orders

☑ ONC NURSING COMMUNICATION 20

OMALIZUMAB (XOLAIR):

- If patient only gets one injection, alternate arms each time.

- Do not place a band-aid on the injection site.

- For the first 3 treatments with omalizumab, monitor patient for at least 2 hours after injection for anaphylaxis, headache, injection site reaction, serum sickness (joint pain, stiffness, rash, fever, swollen/enlarged lymph nodes).

- For treatment 4+ with omalizumab, monitor patient for at least 30 minutes after injection for anaphylaxis, headache, injection site reaction, serum sickness (joint pain, stiffness, rash, fever, swollen/enlarged lymph nodes).

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

Patient Name

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Medications

☑ omalizumab (XOLAIR) subcutaneous injection solution

☐ 150 mg

☐ 300 mg

☐ ____ mg

Subcutaneous, Once, Starting S, For 1 Doses
Doses greater than 150 mg are divided among more than one injection site to limit injections to less than 150 mg per site. Do not inject into moles, scars, bruises, tender areas or broken skin. May take 5 – 10 seconds to administer (solution is slightly viscous).

Emergency Medications

☑ EPINEPHrine anaphylaxis kit 0.3 mg

0.3 mg, Intramuscular, Once PRN, Anaphylaxis, Starting S, For 1 Doses

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

EPIC VERSION DATE: 12/07/18

