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
- 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+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Provider Reminder
- ONC PROVIDER REMINDER 10
  Pretreatment with antihistamines or antipyretics is not required per package insert. For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions Therapy Plan".

Labs

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

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

Medications
- reslizumab (CINQAIR) 3 mg/kg in sodium chloride 0.9 % 50 mL IVPB
  3 mg/kg. Intravenous, for 50 Minutes, Once, Starting S, For 1 Doses
  Do not administer as IV Push or Bolus. Protect from light. Do not Shake.

CONTINUED ON PAGE 2 ➔

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

☑ ONC NURSING COMMUNICATION 23

- Place intermittent infusion device as necessary.

  - Infuse through a 0.2 micron, low protein binding inline filter.

  - Do not administer if the solution is discolored or if foreign particulate matter is present. Solution should look clear to slightly hazy/opalescent, colorless to slight yellow; proteinaceous particles that appear translucent to white may be present in the solution.

  - Monitor vital signs with Pulse oximetry. Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every 15 minutes through 30 minutes after drug completion.

  - Notify attending physician, NP, PA-C and stop infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

  - At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

  - Verify that patient has diphenhydramine / Epi-pen 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.

☑ ONC NURSING COMMUNICATION 2

- Observe patient in the infusion center for 30 minutes following completion of infusion.