



(Patient Sticker)



PHYSICIAN ORDER SET :  
**BELIMUMAB**

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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

Provider Facility Name: \_\_\_\_\_ Provider Facility Address: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

\*\*Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained\*\*

**Pre-Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 325 mg</b> 325 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, Once, Starting S, For 1 Doses <i>HOLD IF: Giving PO. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>diphenhydrAMINE (BENADRYL) oral 25 mg</b> 25 mg, Oral, Once, Starting S, For 1 Doses <i>HOLD IF: Giving IV. Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>famotidine (PEPCID) injection 20 mg</b> 20 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>loratadine (CLARITIN) tablet 10 mg</b> 10 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 100 mg</b> 100 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Once		1 treatment



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**Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>belimumab (BENLYSTA) 10 mg/kg in sodium chloride 0.9% 250 mL IVPB</b> 10 mg/kg, Intravenous, for 1 Hours, Once, Starting H, For 1 Doses <i>Instructions: Advise patient to report signs/symptoms of infection, anaphylaxis, hypersensitivity or infusion reactions. Monitor for signs of depression, mood changes or suicidal thoughts. 120mg and 400mg vials. Administer over 60 minutes at 250mL/hr.</i>	Once		1 treatment

**Labs**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>CBC</b> Routine, Once, Starting S For 1 Occurrences, CBC includes: HCT, HGB, WBC, RBC, MCV, MCH, MCHC, PLT.	Once		1 treatment
<input type="checkbox"/> <b>CBC and differential</b> Routine, Once, Starting S For 1 Occurrences, If deemed necessary based upon the results of the automated differential, a manual differential may be performed	Once		1 treatment
<input type="checkbox"/> <b>BUN</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Creatinine, random urine</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Total protein, random urine</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Urinalysis</b> Routine, Once, Starting S For 1 Occurrences, *Except NWH* Urinalysis sediments are performed on all urines that have positive findings (blood, WBC, or protein) on the chemical urinalysis. Urine sediment does not need to be ordered separately.	Once		1 treatment
<input type="checkbox"/> <b>Sedimentation rate (ESR)</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>PTT</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Comprehensive metabolic panel</b> Routine, Once, Starting S For 1 Occurrences, consists of the following tests: Na, K, Cl, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST	Once		1 treatment
<input type="checkbox"/> <b>PT-INR</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Glucose</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>CPK (creatin kinase)</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Alanine aminotransferase (ALT)</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Aspartate aminotransferase (AST)</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Bilirubin, total</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>C-Reactive Protein</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment



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**Labs (continued)**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Complement C3 (BWH, BWF, DFCI, MGH, NWH, MEEI, NSMC, SRH, SHC, MVH, MCL, SHC)</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Complement C4 (BWH, BWF, DFCI, MGH, NWH, MEEI, NSMC, SRH, SHC, MVH, MCL, SHC)</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> <b>Double stranded DNA antibodies</b> Routine, Once, Starting S For 1 Occurrences	Once		1 treatment

**Catheter management**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Line Access</b> Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>alteplase (CATHFLO) 1 mg/mL injection 2 mg</b> 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen., Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>lidocaine-prilocaine (EMLA) cream</b> Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 100 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 10 units/mL flush 5 mL</b> 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>heparin 1000 units/mL flush 2 mL</b> 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 3 mL</b> 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 10 mL</b> 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride (NS) 0.9 % syringe flush 20 mL</b> 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>D5W infusion</b> 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

**Emergency Medications**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd



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**Emergency Medications (continued)**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>EPINEPHrine injection 0.3 mg</b> 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> <b>sodium chloride 0.9% bolus 1,000 mL</b> 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>Oxygen Therapy - Non-Rebreather</b> Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd
<input type="checkbox"/> <b>Tryptase</b> STAT, Once, Starting S For 1 Occurrences <i>Collect for mild-moderate, or SEVERE reaction</i>	PRN		Until discont'd

**Hypersensitivity**

	Interval	Defer Until	Duration
<input type="checkbox"/> <b>Provider and Nurse Communication</b> Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> <b>albuterol (ACCUNEB) nebulizer solution 2.5 mg</b> 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>acetaminophen (TYLENOL) tablet 975 mg</b> 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>diphenhydramine (BENADRYL) injection 25 mg</b> 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> <b>famotidine (PEPCID) injection 20 mg</b> 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>cetirizine (ZyrTEC) tablet 10-20 mg</b> 10-20 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>fexofenadine (ALLEGRA) tablet 90-180 mg</b> 90-180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> <b>methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg</b> 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> <b>ondansetron (ZOFTRAN) injection 4 mg</b> 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd