



(Patient Sticker)



PHYSICIAN ORDER SET :

ECULIZUMAB LOAD (AHUS)

CDH 208-264 – Approved - Page 1 of 3

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

Communication Orders

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider Communication		1 time a week		4 treatments
Routine <i>Ecilizumab requires provider and patient enrollment in the Soliris REMS program. Provider can enroll at http://www.solirisrems.com/</i>				

Criteria to Treat

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Criteria to Treat		1 time a week		4 treatments
For initiation of therapy, if the patient has not received the meningococcal vaccine or has received the vaccine within the last 14 days, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider regarding administration of ecilizumab.				

Medications

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> ecilizumab (SOLIRIS) IV 900 mg	900 mg	1 time a week		4 treatments
900 mg, Intravenous, for 35 Minutes, Once				

Catheter management

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access		PRN		Until discont'd
Routine <i>As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>				



PHYSICIAN ORDER SET :
ECULIZUMAB LOAD (AHUS)

CDH 208-264 – Approved - Page 2 of 3

Catheter management (continued)

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

Emergency Medications/Anaphylaxis

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine <i>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.</i>		PRN		Until discont'd



PHYSICIAN ORDER SET :
ECULIZUMAB LOAD (AHUS)

CDH 208-264 – Approved - Page 3 of 3

Emergency Medications/Anaphylaxis (continued)

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	.3 mg	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension	1000 mL	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>		PRN		Until discont'd

Hypersensitivity

	Dose	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine <i>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.</i>		PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath	2.5 mg	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever	975 mg	PRN		Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, hives or adjunct treatment for mild-moderate, or SEVERE reaction <i>Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.</i>	25 mg	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction <i>To be administered along with H1 antihistamine and famotidine.</i>	40 mg	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction <i>To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as premed.</i>	20 mg	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose	4 mg	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction <i>If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.</i>	10 mg	PRN		Until discont'd
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction <i>Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine.</i>	180 mg	PRN		Until discont'd