



PHYSICIAN ORDER SET :

Omalizumab

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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****

Communication Orders

☐ **Provider Communication**

Interval	Defer Until	Duration
Every 4 weeks		Every visit

Routine, Until discontinued, Starting when released, Until Specified

For asthma, determine Omalizumab dose (mg) and dosing frequency by serum total IgE level (IU/mL) and body weight (kg), measured before the start of treatment.

Medications

☐ **omalizumab (XOLAIR) subcutaneous injection**

Interval	Defer Until	Duration
Every 4 weeks		Every visit

Subcutaneous, Once, Starting at treatment start time, For 1 dose

Divide doses of more than 150 mg amount more than one injection site to limit injection site to limit injections to not more than 150 mg per site.

Allergy Contraindication: Polyethylene Glycol (Inactive Ingredient) **Reactions:** Anaphylaxis

Dose: 75mg 150mg 225mg 300mg 375 mg (Please circle one)



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Catheter Management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, Once Starting when released Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment	PRN		PRN
<input type="checkbox"/> sodium chloride (NS) 0.9% syringe flush 3 mL 3 mL, Intravenous, As needed, Line care per institutional guidelines, Starting when released.	PRN		PRN
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released Frequency: Continuous OR Continuous PRN OR Continuous for ECT For _____ Hours	PRN		PRN

Emergency Medications/Anaphylaxis

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Once, Starting when released. 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		PRN
<input type="checkbox"/> EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
<input type="checkbox"/> Oxygen Therapy – Non-Rebreather Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2	PRN		PRN

Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate insuion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medication as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN



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<input type="checkbox"/>	albuterol (ACCUNEb) 2.5mg/3 mL (.83%) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN	PRN
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN	PRN
<input type="checkbox"/>	diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.	PRN	PRN
<input type="checkbox"/>	methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as a premed.	PRN	PRN
<input type="checkbox"/>	ondansetron (PF) (ZOFran) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN	PRN
<input type="checkbox"/>	cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN	PRN
<input type="checkbox"/>	fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine.	PRN	PRN