



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Belimumab (BENLYSTA)

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P** or most recent chart note.

LABS:

- CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – *Circle One*

PRE-MEDICATIONS: (Administer 15-30 minutes prior to infusion)

Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)

1. acetaminophen (TYLENOL) tablet, oral, ONCE, every visit
 - 650 mg
 - 325 mg
 - 500 mg
 - 1000 mg
2. loratadine (CLARITIN) tablet, oral, ONCE, every visit
 - 10 mg
 - 5 mg

MEDICATIONS: (must check one)

belimumab (BENLYSTA) 10 mg/kg in NaCl 0.9% 250 mL, intravenous, ONCE, over 1 hour

- Every 2 weeks for 3 treatments (week 0, 2 and 4)
- Every 4 weeks thereafter (week 8 and beyond)

Pharmacist will use most recent weight and round dose up to the nearest 100 mg

HYPERSENSITIVITY MEDICATIONS:

1. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for mucosal swelling or edema
2. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction

AS NEEDED MEDICATIONS:

1. acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for headache, fever, chills or body aches
2. diphenhydrAMINE (BENADRYL) capsule, 25-50 mg, oral, EVERY 4 HOURS AS NEEDED for rash, itching



**Oregon Health & Science University
Hospital and Clinics Provider's Orders**

ADULT AMBULATORY INFUSION ORDER
Belimumab (BENLYSTA)

Page 2 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

NURSING ORDERS:

1. VITAL SIGNS – Vital signs and status at the start of the infusion, every 30 minutes until the end of infusion and when infusion complete.
2. Patient with active infection should not receive Belimumab and should have infusion rescheduled until infection has subsided.
3. Monitor patient for infusion related or hypersensitivity reactions (itching, swelling, difficulty breathing, low blood pressure, anxiousness, headache, nausea, skin rash, etc.)
4. Counsel patients to be aware of hypersensitivity reactions for 2 to 3 hours after first 2 infusions
5. If infusion related event develops or hypersensitivity reactions (Temp > 38.5, chills/rigors, decrease in SBP > 30 mmHg from baseline, mucosal congestion/edema, shortness of breath or cardiac arrhythmia) do the following:
 - a. Stop the infusion
 - b. Notify physician immediately
 - c. If anaphylaxis: Page Rapid Response Team
 - d. Treat symptoms as described
 - e. Monitor patient status and vital signs until stable
6. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____



Oregon Health & Science University
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER
Belimumab (BENLYSTA)

Page 3 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

Beaverton

OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

NW Portland

Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

Gresham

Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

Tualatin

Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders