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

PO7071

ADULT AMBULATORY INFUSION ORDER

Obinutuzumab (GAZYVA) Infusion for Lupus Nephritis

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**.
2. Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment and the patient should not be infected. Please send results with order.
3. Hypotension may occur during obinutuzumab infusion. Consider withholding antihypertensive treatments for 12 hours prior to and throughout infusion and for the first hour after administration.

PRE-SCREENING: (Results must be available prior to initiation of therapy):

☐ Hepatitis B surface antigen and core antibody total test results scanned with orders.

LABS:

☐ CBC with differential, Routine, ONCE, every visit

NURSING ORDERS:

1. TREATMENT PARAMETERS
   a. Hold treatment and contact provider if Hepatitis B shows positive Hep B surface antigen, or core antibody total tests result is positive or if screening has not been performed.
   b. Hold treatment and contact provider for ANC less than 1,000 or platelets less than 50,000.
2. FIRST INFUSION
   a. Administer at 50 mL/hr. The rate of the infusion can be escalated in 50 mL/hr increments every 30 minutes to a maximum of 400 mL/hr.
3. SUBSEQUENT INFUSIONS
   a. If no infusion reaction occurred during the previous infusion and the final infusion rate was 100 mL/hr or faster, then infusions can be started at 100 mL/hr and increase by 100 mL/hr increments every 30 minutes to a maximum of 400 mL/hr.
   b. If an infusion reaction occurred during the previous infusion, administer at 50 mL/hour. The rate can be escalated in increments of 50 mL/hr every 30 minutes to a maximum of 400 mL/hr.
4. VITAL SIGNS - For obinutuzumab infusion, vital signs every 15 minutes x 1 hour and 30 minutes with rate escalation, then every hour for remainder of infusion.
5. ASSESS TEMPERATURE - Temp every hour during obinutuzumab infusion.

6. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

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

- ☐ acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE, every visit
- ☐ diphenhydrAMINE (BENADRYL) capsule, 50 mg, oral, ONCE, every visit.
  Give either loratadine or diphenhydrAMINE, not both.
- ☐ loratadine (CLARITIN) tablet, 10 mg, oral, ONCE AS NEEDED if diphenhydrAMINE is not given, every visit. ***Give either loratadine or diphenhydrAMINE, not both.***
- ☐ methylPREDNISolone sodium succinate (SOLU-MEDROL), 80 mg, intravenous, ONCE, every visit

MEDICATIONS:

obinutuzumab (GAZYVA) in sodium chloride 0.9%, 1000 mg, intravenous, ONCE, every visit

Interval (select one):
- ☐ Week 1, 2, 24, 26 and 52
- ☐ _____

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.5 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) 20 mg, intravenous, AS NEEDED x1 dose, for hypersensitivity or infusion reaction
6. acetaminophen (TYLENOL) tablet, 650 mg, oral, EVERY 4 HOURS AS NEEDED for infusion related fever
7. meperidine (DEMEROL) injection, 25-50 mg, intravenous, EVERY 2 HOURS AS NEEDED for infusion-related severe rigors in the absence of hypotension, not to exceed 50 mg/hr
8. sodium chloride 0.9% solution, 1000 mL, intravenous, AS NEEDED, Infuse at 200 mL/hr when infusion is stopped for emergency or PRN medications

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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**:_____

Central Intake:

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