

Riverbend Medical Center Regional Infusion Center (RIC) 3377 Riverbend Drive Suite 502/510 Springfield, Oregon 97477 Phone 541-222-6280 Fax 541-349-8006

MEPOLIZUMAB (Nucala) Injection (v. 01/09/2024)

Diagno	sis/Indication (ICD-10):		
Medicatio	n:		
	Mepolizumab 100 mg subcutaneous every 4 weeks		
	Mepolizumab 300 mg subcutaneous every 4 weeks		
Nursing co	ommunications:		
	Vital signs: Initial and prn Monitor patient for 30 minutes post-injection		
Emergeno	cy Medications:		
■ diaph	DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as neede oresis, fever, palpitations, chest discomfort, blood pressur		
mild t 20 po	Administer 25 mg IV once, if reaction does not resolve in 3 MethylPREDNISolone sodium succinate (Solu-MEDROL) o moderate drug reaction (flushing, dizziness, headaches, ints in SBP), nausea, urticaria, chills, pruritic) that worsen oct provider if given.	125 mg IV once as needed for diaphoresis, fever, palpitations	shortness of breath, continued symptoms of c, chest discomfort, blood pressure changes (>/=
■ Avoid	Epinephrine 0.3 mg IM once for anaphylaxis. If reaction use of hand, foot, leg veins in elderly patient and those wi		
•	Famotidine (PEPCID) 20 mg IV once as needed for infus	ion/ allergic reaction.	
	Emergency medications can be given IM if IV route una	vailable	
ent name and DOB		Provider printed name:	
		Provider signature:	
ight	Weight	Date:	Time: