PRGORD Progress & Orders

Tezepelumab-EKKO (Tezspire) Outpatient Infusion Therapy Plan

All Pre-Selected Boxed Orders Are Initiated by Default Unless Crossed Out by Practitioner. All Boxed Orders Require Practitioner Check to be Initiated.

Service Request: The following list of information is required for order processing and admission for service by PHMC Outpatient (OP) Infusion and Nursing Services. This form is intended to be used by the ordering provider and provider team to ensure the timely receipt of accurate and complete information thereby avoiding delays to initiate therapy.

FAX completed service request and completed orders to: PHMC OP Infusion and Nursing Services 541-902-1649

☐ **Part A – Complete the following patient scheduling and contact details:**

Patient Name (Last, First, MI): ________________________________ Phone Number: ___________________

Date of Birth: _______________________________ Medical Record Number: __________________________

Ordering Provider Name: ____________________________________ Phone Number: ___________________

Ordering Provider Office Location: _______________________________Fax Number: ___________________

Diagnosis (include ICD 10 codes): ____

J-Codes/CPT codes: ____

☐ **Part B – Prior Authorization Required. Any non-PeaceHealth provider must obtain prior authorization from patient's payer PRIOR to scheduling services with Peace Harbor Medical Center Outpatient Services**:

- *Attach a copy of authorization documentation received from insurance payer when submitting orders.*

Insurance (Payer) Company: ____

Prior Authorization Number/Conditions: ____

Prior Authorization Expiration Date: ____

Insurance (Payer) Contact Phone Number: ____

Part C – Elements needed to guide medication therapy are included with request for service:

☐ All orders and instruction within Therapy Plan, Smart Set or other PeaceHealth order form are complete (use check box option to indicate required medication, diagnostic and nursing orders).

If information is located outside of PeaceHealth's electronic medical record system attach the following:

☐ A list of current medications reconciled by patient's provider is available and includes a list of known allergies.

☐ Transcription of patient's most recent office visit is attached and includes the patient's height and weight.

☐ A copy of the most recent series of lab and other appropriate diagnostic results is attached.

Practitioner Signature: _______________________________Date of Order: ______________Time: __________

Final page of orders must include signature of the ordering practitioner, date and time.

Sensitivity: General Business Use. This document contains proprietary information and is intended for business use only.

Provide Patient Identification: Patient Name;
Medical Record Number;
Date of Birth

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PeaceHealth
Peace Harbor Medical Center

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Heading	Content
Supportive Care	☒ **Tezepelumab (Tezspire)** injection **210 mg** subcutaneous every **28 days.**
Nursing Orders	☒ Prior to administration, remove from the refrigerator and allow to reach room temperature for ~60 minutes. Do note shake or expose to heat.
Emergency Medications	**If patient has symptoms of anaphylaxis (wheezing, dyspnea, hypotension, angioedema, chest pain, or tongue swelling), discontinue infusion and initiate standard emergency response procedures.** ☒ **Standard Emergency Medications:** ☒ **DiphenhydrAMINE (Benadryl) injection** 25-50 mg IM once as needed for mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic). • Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. • Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn’t resolve in 3 minutes may repeat 25 mg IM dose for a total of 50 mg, and contact provider. ☒ **Albuterol 90 mcg/actuation inhaler** 2 puffs once as needed for wheezing, shortness of breath associated with infusion reaction and contact provider. Administer with a spacer if available. ☒ **MethylPREDNISolone (Solu-Medrol) injection** 125 mg IM once as needed for shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider. Do not inject into deltoid. ☒ **EPINEPHrine (Adrenalin) injection** 0.5 mg IM once as needed for severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and 02 Sat less than 90%), and contact provider.
Referral	☒ Ambulatory referral to OP Infusion Services
PHMC Outpatient Infusion Contact Information	**PROVIDER – PLEASE SIGN, DATE AND TIME ORDERS AND RETURN TO:** **PeaceHealth Peace Harbor Medical Center** **Peace Harbor Hospital Outpatient Infusion Services Department** 400 Ninth Street Florence, OR 97439 Contact Phone: 541-902-6019 ***FAX 541-902-1649***
Authorization by Verbal or Telephone Order	Person giving verbal or telephone order: ______________________________ Person receiving verbal or telephone order: ______________________________ ☐ Check to indicate verbal or telephone orders have been read back to confirm accuracy

Practitioner Signature: ______________________________ Date of Order: ______________ Time: __________

Final page of orders must include signature of the ordering practitioner, date and time.

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