



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the **x** to remove the pre-checked option.

OMALIZUMAB (XOLAIR) INJECTION [11500791] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Supportive Care

Interval

- | | |
|---|---|
| <p>.. omalizumab (XOLAIR) 75 mg/0.5 mL injection
Dose _____</p> | <p>Every 14 days Route: Subcutaneous</p> |
| <p>.. omalizumab (XOLAIR) 75 mg/0.5 mL injection
Dose _____</p> | <p>Every 28 days Route: Subcutaneous</p> |

Nursing Orders

Interval

- | | |
|---|--------------------|
| <p><input checked="" type="checkbox"/> Nursing Communication
<i>Monitor patient for 30 minutes post-injection.,</i></p> | <p>Every visit</p> |
|---|--------------------|

Emergency Medications

Interval

- | | |
|--|------------------------------------|
| <p><input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg
<i>25-50 mg Once As Needed Intramuscular, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis). 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 notify provider.</i></p> | <p>PRN Route: Intramuscular</p> |
| <p><input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puffs
<i>2 puffs Once As Needed Inhalation, Wheezing, Shortness of Breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i></p> | <p>PRN Route: Inhalation</p> |
| <p><input checked="" type="checkbox"/> methylPREDNISolone sod suc(PF) (Solu-MEDROL) Injection 125 mg
<i>125 mg 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, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i></p> | <p>PRN Route: Intramuscular</p> |
| <p><input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
<i>0.5 mg Once As Needed Intramuscular, 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 O2Sat <90%), and notify provider, For 1 dose.</i></p> | <p>PRN Route: Intramuscular</p> |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

Page 1 of 1

EHR5009-DT (12/08/2024)

OMALIZUMAB (XOLAIR) INJECTION