

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

OMALIZUMAB (Xolair) Injection (v. 01/09/2024)

Medication: Omalizumab	Diagno	sis/Indication (ICD-10):		
Maximum dose 150 mg per injection site Vital signs: Initial and prn Monitor patient for 30 minutes post-injection Emergency Medications: Diphenhydr AMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic). - Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provide MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (20 points in SBP), nausea, urticaria, chilis, pruritic); that worse or persist 5 minutes after administration of diphenhydramine (Benadry). Contact provider if given. Epipephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given. Emergency medications can be given IM if IV route unavailable Provider printed name: Provider printed name: Provider signature: Provider signature:	Medicatio	n:		
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