



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.

## BELIMUMAB (BENLYSTA) INITIATION INFUSION [11500408] 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.**

### Pre-Medications

### Interval

- |                                                                                                                   |               |             |
|-------------------------------------------------------------------------------------------------------------------|---------------|-------------|
| <input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg<br>650 mg, Once, Starting when released, For 1 dose   | Every 14 days | Route: Oral |
| <input type="radio"/> diphenhydrAMINE (BENADRYL) capsule 25 mg<br>25 mg, Once, Starting when released, For 1 dose | Every 14 days | Route: Oral |

### Supportive Care

### Interval

- |                                                    |                                    |           |
|----------------------------------------------------|------------------------------------|-----------|
| <input checked="" type="checkbox"/> BELIMUMAB IVPB |                                    | Route: IV |
| Dose <u>10 mg/kg</u>                               | Frequency <u>Every 14 Days x 3</u> |           |

### Nursing Orders

### Interval

- |                                                                                                                                                                                                                                                                                       |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <input checked="" type="checkbox"/> Nursing Communication                                                                                                                                                                                                                             | Every 14 days |
| <i>FOR TEMPERATURE GREATER THAN 101.5 DEGREES F, RIGORS, DYSPNEA, MUCOSAL EDEMA, CONGESTION, OR DECLINE IN SBP GREATER THAN 30MMHG, STOP INFUSION AND NOTIFY THE PHYSICIAN. MAY RESUME INFUSION AT 50% OF THE PREVIOUS RATE IF THE PATIENT IS STABLE POST TREATMENT OF REACTIONS.</i> |               |

### Vascular Access (single select)

### Interval

- |                                                                                                            |             |
|------------------------------------------------------------------------------------------------------------|-------------|
| <input type="radio"/> IV                                                                                   | Every Visit |
| - Insert peripheral IV                                                                                     |             |
| - sodium chloride (NS) flush 10 mL<br>10 mL As Needed for Line Care                                        |             |
| <input type="radio"/> Central line (non-PICC)                                                              | Every Visit |
| - Access vascular device and confirm patency                                                               |             |
| - Initiate Central line (non-PICC) maintenance protocol                                                    |             |
| - sodium chloride (NS) flush 10 mL<br>10 mL As Needed for Line Care prior to medication administration PRN |             |
| - sodium chloride (NS) flush 10 mL<br>10 mL As Needed for Line Care post medication administration PRN     |             |
| - sodium chloride (NS) flush 20 mL<br>20 mL As Needed for Line Care post lab draw PRN                      |             |
| - sodium chloride (NS) flush 10 mL<br>10 mL for Line Care at discharge and de-access every visit           |             |

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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EHR5024-DT (06/19/2024)

BELIMUMAB (BENLYSTA) INITIATION INFUSION

- heparin 100 units/mL 5 mL  
5 mL for de-access every visit
- alteplase (CATHFLO) injection 2 mg  
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

**O PICC line** Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication  
Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL  
20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg  
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications	Interval	Route
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- |                                                                                                                                                 |     |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| <input type="radio"/> sodium chloride (NS) flush 10 mL<br>10 mL As Needed for Line Care                                                         | PRN | Route: IV |
| <input type="radio"/> sodium chloride 0.9 % bolus 500 mL<br>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr) | PRN | Route: IV |

Emergency Medications	Interval	Route
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- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|
| <input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg<br>25-50 mg 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 IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg 1 dose for a total of 50 mg, and contact provider. | PRN | Route: IV            |
| <input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff<br>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.                                                                                                                                                                                                                                                                                                                                    | PRN | Route: Inhalation    |
| <input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br>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, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.                                                                                                             | PRN | Route: IV            |
| <input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br>0.5 mg 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 O2Sat <90%), and contact provider.                                                                                                                                                                                                                                             | PRN | Route: Intramuscular |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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**BELIMUMAB (BENLYSTA) INITIATION INFUSION**