



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>.. omalizumab (XOLAIR) 75 mg/0.5 mL injection
Dose _____</p> | <p>Every 14 days Route: Subcutaneous</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 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.</i></p> <p><input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff
<i>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.</i></p> <p><input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (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, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i></p> <p><input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
<i>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.</i></p> | <p>PRN Route: IV</p> <p>PRN Route: Inhalation</p> <p>PRN Route: IV</p> <p>PRN Route: Intramuscular</p> |
|--|--|

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5009-DT (05/24/2024)

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