



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.

## ECULIZUMAB (SOLIRIS) INITIATION INFUSION 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.**

### Provider Communication Orders

- Provider Communication Once  
*Provider to review and complete REMS program requirements. Provider to also provide meningococcal ACWY and meningococcal B vaccination status with order.*

### Labs

### Interval

- |  |                 |
|--|-----------------|
| <input type="radio"/> Complete Blood Count W/ Automated Differential | Frequency _____ |
| <input type="radio"/> Comprehensive Metabolic Panel                  | Frequency _____ |
| <input type="radio"/> Lactate Dehydrogenase                          | Frequency _____ |
| <input type="radio"/> Reticulocyte Count                             | Frequency _____ |

### Pre-Medications

### Interval

- |   |             |             |
|---|-------------|-------------|
| <input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg                             | Every Visit | Route: Oral |
| <i>Not to exceed 4000 mg total acetaminophen dose from all medications in 24 hours.</i> |             |             |
| <input type="radio"/> diphenhydramine (BENADRYL) capsule 25 mg                          | Every Visit | Route: Oral |

### Supportive Care

### Interval

- |  |           |
|--|-----------|
| <input type="radio"/> eculizumab (SOLIRIS) | Route: IV |
| <i>Dose _____ Frequency _____</i>          |           |

### Vascular Access (single select)

### Interval

- |                                      |             |
|--------------------------------------|-------------|
| <input type="radio"/> IV             | Every Visit |
| - Insert peripheral IV               |             |
| - sodium chloride (NS) flush 10 mL   |             |
| <i>10 mL As Needed for Line Care</i> |             |

Provider Signature	Date	Time
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Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

- 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  
*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*
  - sodium chloride (NS) flush 10 mL  
*10 mL for Line Care at discharge and de-access every visit*
  - heparin 100 units/mL 5 mL  
*5 mL for de-access PRN*
  - alteplase (CATHFLO) injection 2 mg  
*Other, Starting when released, For 2 dose, PRN, 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*
  
- 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, PRN, 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	
○ sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
○ sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

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Provider Signature Date Time

Provider's Printed Name:

Place Patient Label Here

**Emergency Medications****Interval**

- | <b>X</b> |  | <b>PRN</b> | <b>Route: IV</b>            |
|----------|--|------------|-----------------------------|
|          | diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (<math>\geq 20</math> points in SBP), nausea, urticaria, chills, pruritis). 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 IV dose for a total of 50 mg, and contact provider.</i> |            |                             |
|          | albuterol 90 mcg/actuation inhaler 2 puff<br><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>   | <b>PRN</b> | <b>Route: Inhalation</b>    |
|          | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br><i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (<math>\geq 20</math> points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>  | <b>PRN</b> | <b>Route: IV</b>            |
|          | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br><i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (<math>\geq 40</math> points in SBP), shortness of breath with wheezing and O2Sat <math>&lt;90\%</math>), and contact provider.</i>  | <b>PRN</b> | <b>Route: Intramuscular</b> |

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 Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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