



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

MEPOLIZUMAB (NUCALA) THERAPY PLAN [11500750] 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
<input checked="" type="checkbox"/> mepolizumab (NUCALA) injection 100mg	Every 28 days Route: Subcutaneous
Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Monitor patient for 30 minutes post injection.,</i>	Every 28 days
Emergency Medications	Interval
<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>	PRN Route: Intramuscular
<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>	PRN Route: Inhalation
<input checked="" type="checkbox"/> methylPREDNISolone sod suc(PF) (Solu-MEDROL) Injection 125 mg <i>125 mg Once As Needed Intramuscular, 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 notify provider, Do not inject into deltoid.</i>	PRN Route: Intramuscular
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection 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>	PRN Route: Intramuscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5004-DT (12/08/2024)

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