



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
.. omalizumab (XOLAIR) 75 mg/0.5 mL injection Dose _____	Every 14 days Route: Subcutaneous
.. omalizumab (XOLAIR) 75 mg/0.5 mL injection Dose _____	Every 28 days Route: Subcutaneous

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Monitor patient for 30 minutes post-injection.,</i>	Every visit

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 puffs <i>2 puffs Once As Needed Inhalation, 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 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 contact provider.</i>	PRN Route: Intramuscular
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 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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EHR5009-DT (12/08/2024)

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