Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :

BELIMUMAB LOAD (Schedule Weeks 0, 2, 4)

Patient:_____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Criteria to Treat

		Interval	Defer Until	Duration
☐	**Criteria to Treat** Verify that the patient has not received a live vaccine within the last 4 weeks. If this criteria is not met, review provider documentation that it is okay to proceed with infusion. If documentation not found, contact the provider.	Every 2 weeks		

Pre-Medications

		Interval	Defer Until	Duration
☐	**acetaminophen (TYLENOL) tablet 650 mg** 650 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication	Every 2 weeks		3 treatments
☐	**diphenhydrAMINE (BENADRYL) capsule 25 mg** 25 mg, Oral, Once, Starting at treatment start time, For 1 dose. HOLD IF: Given IV. Administer at least 30 mins prior to principal medication.	Every 2 weeks		3 treatments
☐	**diphenhydrAMINE (BENADRYL) injection 25 mg** 25 mg, Intravenous, Once as needed, Patient unable to tolerate PO, Starting when released, For 1 dose. HOLD IF: Given PO. Administer at least 30 mins prior to principal medication.	Every 2 weeks		3 treatments
☐	**loratadine (CLARITIN) tablet 10 mg** 10 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication	Every 2 weeks		3 treatments

☐	**methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication.	Every 2 weeks	3 treatments

Medications

		Interval	Defer Until	Duration
☐	**Belimumab (BENLYSTA) 10 mg/kg = _____ mg in sodium chloride 0.9% 250 mL IVPB** Dose will be rounded to nearest 10 mg, Intravenous, Administer over 1 Hours, at 250 mL/hr, Once, Starting 30 minutes after treatment start time, For 1 dose	Every 2 weeks		3 treatments

Labs

		Interval	Defer Until	Duration
☐	**CBC and differential** Routine, Once, Starting when released	Once		Until discont'd
☐	**Comprehensive metabolic panel** Routine, Once, Starting when released	Once		Until discont'd
☐	**Complement C3** Routine, Once, Starting when released	Once		Until discont'd
☐	**Complement C4** Routine, Once, Starting when released	Once		Until discont'd
☐	**Double stranded DNA antibodies** Routine, Once, Starting when released	Once		Until discont'd

Catheter Management

		Interval	Defer Until	Duration
☐	**Line Access** Routine, Once Starting when released, Until Specified As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment	PRN		PRN
☐	**alteplace (CATHFLO) 1mg/mL injection 2 mg** 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		PRN
☐	**lidocaine-prilocaine (EMLA) cream** Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		PRN
☐	**heparin (PF) 100 unit/mL flush 5 mL**	PRN		PRN

5 mL, Intravenous, As needed, line care, Starting when released

☐	**heparin (PF) 10 unit/mL flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**heparin (PF) 10 unit/mL flush 5 mL** 5 mL, Intravenous, As needed, line care, Starting when released	PRN	PRN
☐	**heparin (PF) 1000 unit/mL catheter injection 2 mL** 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting when released	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 3 mL** 3 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 10 mL** 10 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
☐	**sodium chloride (NS) 0.9% syringe flush 20 mL** 20 mL, Intravenous, As needed, line care, Starting when released.	PRN	PRN
☐	**sodium chloride 0.9% infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN	PRN
☐	**D5W infusion** 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment Starting when released, For 24 hours	PRN	PRN

Emergency Medications/Anaphylaxis

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
☐	**EPINEPHrine (ADRENALIN) injection 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
☐	**sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
☐	**Oxygen Therapy – Non-Rebreather** Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min Sp02 (%): 94	PRN		PRN

Hypersensitivity

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medication as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
☐	**albuterol (ACCUNEB) 2.5mg/3 mL (0.083%) nebulizer solution 2.5 mg** 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
☐	**acetaminophen (TYLENOL) tablet 975 mg** 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		PRN
☐	**diphenhydrAMINE (BENADRYL) injection 25 mg** 25 mg, Intravenous, As needed, itching hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.	PRN		PRN
☐	**famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB** 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN		PRN
☐	**cetirizine (ZyrTEC) tablet 10 mg** 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN		PRN
☐	**fexofenadine (ALLEGRA) tablet 180 mg** 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine	PRN		PRN
☐	**methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN		PRN
☐	**ondansetron (PF) (ZOFRAN) injection 4 mg** 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN		PRN
☐	**meperidine (PF) (DEMEROL) 50 mg/mL injection syringe 25 mg** 25 mg, Intravenous, Once as needed, rigors, Starting when released, For 1 dose. Maximum MME/Day: Unknown for this order	PRN		PRN