
 <p>Oregon Health & Science University Hospital and Clinics Provider's Orders</p> <p style="font-size: small;">PO9031</p>  <p style="text-align: center;">ADULT AMBULATORY INFUSION ORDER Anifrolumab-fnia (SAPHNELO) Infusion Page 1 of 2</p>	<p>ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE</p> <p style="text-align: right; font-size: x-small;"><i>Patient Identification</i></p>
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.	

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. **Send FACE SHEET and H&P or most recent chart note.**
2. Infusion reactions and Hypersensitivity reactions, including severe hypersensitivity reactions (ie, anaphylaxis and angioedema), have been reported.
3. Live or live attenuated vaccines should not be given concurrently.
4. Avoid initiating treatment in patients with a significant active infection until the infection resolves or is adequately treated.

NURSING ORDERS:

1. TREATMENT PARAMETER – Hold infusion and contact provider if patient has signs or symptoms of infection.
2. Infuse using a sterile, low-protein binding 0.2 micron in-line filter. Flush infusion set with 25 mL of NS upon completion. Do not co-administer other medicinal products through the same infusion line.
3. HYPERSENSITIVITY/INFUSION REACTION - Monitor for infusion-related reactions for 30 minutes after completion of the first infusion. If no previous infusion reactions, monitoring not required for subsequent doses. Monitoring recommended for previous infusion reactions, contact provider for guidance.

MEDICATIONS:

- Anifrolumab-fnia (SPAHNELO) 300 mg in sodium chloride 0.9%, intravenous, ONCE, every 4 weeks, over 30 minutes.

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



Oregon Health & Science University
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ADULT AMBULATORY INFUSION ORDER
Anifrolumab-fnia (SAPHNELO)
Infusion

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ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Please check the appropriate box for the patient's preferred clinic location:

Hillsboro Medical Center
Infusion Services
364 SE 8th Ave, Medical Plaza Suite 108B
Hillsboro, OR 97123
Phone number: (503) 681-4124
Fax number: (503) 681-4120

Adventist Health Portland
Infusion Services
10123 SE Market St
Portland, OR 97216
Phone number: (503) 261-6631
Fax number: (503) 261-6756

Mid-Columbia Medical Center
Celilo Cancer Center
1800 E 19th St
The Dalles, OR 97058
Phone number: (541) 296-7585
Fax number: (541) 296-7610