

| INFUSION SUITE | | UPLIZNA INFUSION ORDERS | |
|---|--|--|--|
| | | | |
| PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards | | | |
| Name: | | DOB: | |
| MEDICAL INFORMATION | | | |
| ICD10 / Diagnosis: | | Height: | |
| Allergies / Hypersensitivities: | | Weight (kg): | |
| | | *Weigh patient at each visit | |
| REQUIRED CLINICAL DOCUMENTATION | | | |
| <input checked="" type="checkbox"/> TB | <input checked="" type="checkbox"/> HepB | <input checked="" type="checkbox"/> Anti-AQP4 antibody | |
| <input checked="" type="checkbox"/> Serum Quantitative Immunoglobulins *Annually | | | |
| Additional labs: | | | |
| <input type="checkbox"/> Insert IV | <input type="checkbox"/> Access Port/PICC | | |
| PREMEDICATIONS 30 minutes prior to starting | | | |
| <input type="checkbox"/> Acetaminophen: | <input type="checkbox"/> 325mg PO X1 | <input type="checkbox"/> 500mg PO X1 | <input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1 |
| <input type="checkbox"/> Diphenhydramine: | <input type="checkbox"/> 25mg IV X1 | <input type="checkbox"/> 25mg PO X1 | <input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1 |
| <input type="checkbox"/> Solumedrol: | <input type="checkbox"/> 40mg IV X1 | <input type="checkbox"/> 100mg IV X1 | <input type="checkbox"/> 125mg IV X1 |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Cetirizine 10mg PO X1 | | <input type="checkbox"/> Loratadine 10mg PO X1 |
| <input type="checkbox"/> Additional PRN: | | | |
| UPLIZNA ORDERS | | | |
| <input type="checkbox"/> Initial: Uplizna 300mg IV in 250mL NS titrated over 90 minutes on day 0 and day 15 | | | |
| <input type="checkbox"/> Subsequent: Uplizna 300mg IV in 250mL NS titrated over 90 minutes every 6 months X _____ | | | |
| POST INFUSION | | | |
| <input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV. | | | |
| <input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess | | | |
| <input type="checkbox"/> Discharge home following 1 hour observation | | | |
| <input type="checkbox"/> Discharge home without observation | | | |
| Signature: | | Date: | |
| Provider Name/Credentials: <input type="checkbox"/> | | Provider Phone: | |
| Provider Name/Credentials: <input type="checkbox"/> | | Provider Name/Credentials: <input type="checkbox"/> | |
| Provider Name/Credentials: <input type="checkbox"/> | | Provider Name/Credentials: <input type="checkbox"/> | |
| Provider Name/Credentials: <input type="checkbox"/> | | Provider Name/Credentials: <input type="checkbox"/> | |

| Time | Pump Rate |
|-----------------------------|-------------|
| 0-30 minutes | 42 mL/hour |
| 31-60 minutes | 125 mL/hour |
| 61 minutes until completion | 333 mL/hour |

Infusion Directions:

- Draw up 30mL Uplizna (and transfer into 250mL NS bag, do not remove any NS volume)
- Infuse through a low protein binding 0.2 or 0.22 micron in-line filter tubing over 90 minutes
- Monitor/Observe patient for 60 minutes post infusion