

Intravene - Benlysta Infusion Orders (rev 10/2018)

Please fax this form along with a copy of insurance cards to:

Fax (434) 455-5531 or Call (434) 947-3900 ext. 2172

PATIENT INFORMATION

Name _____
Address _____
City _____
State _____ Zip code _____
Home Phone # _____
Work Phone # _____
DOB _____ SSN _____ Sex _____
Height _____ Weight _____
Allergies _____
Primary Insurance _____
Secondary Insurance _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____
Physician Address _____

Physician Phone _____
Physician Fax _____
NPI# _____ DEA # _____
State License# _____

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DIAGNOSIS: (ICD-10 required)

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STANDARD ORDERS

Infuse Benlysta 10mg/kg in Normal Saline 250ml over 1 hour

- Initial order: Weeks 0, 2, and 4 then every 4 weeks for 1 year
- Renewal order: Every 4 weeks for 1 year

Infuse per Intravene protocol. Upon completion of Benlysta infusion, infuse Normal Saline 20ml.

Premedications:

- Premed: _____ Dose: _____ mg _____ min prior to infusion
- Premed: _____ Dose: _____ mg _____ min prior to infusion
- Premed: _____ Dose: _____ mg _____ min prior to infusion

Anaphylactic meds available at the chairside:

Epinephrine 1:1000 1mg ampule. Administer 0.5ml (0.5mg) by SQ injection upon order of MD
Hydrocortisone 100mg vial. Administer 100mg IV push upon order of MD
Diphenhydramine 50mg vial. Administer 50 mg IV push upon order of MD

Labs:

- None
- _____

VITAL SIGNS MONITORING PER INTRAVENE PROTOCOL

Signature, prescribing MD _____ Date _____