

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Benralizumab (FASENRA) Subcutaneous Injection (8/2024) Page 1 of 2

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. Benralizumab is not indicated for the treatment of acute asthma symptoms or acute exacerbations.
2. Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with benralizumab. Decrease corticosteroids gradually, if appropriate.
3. Treat patients with pre-existing helminth (parasitic) infections before therapy with benralizumab. If patients become infected while receiving treatment with benralizumab and do not respond to anti-helminth treatment, discontinue benralizumab until parasitic infection resolves.

MEDICATIONS (select one):

Benralizumab (FASENRA) subcutaneous injection

INITIATION + MAINTENANCE

- 30 mg, subcutaneous, EVERY 4 WEEKS x3 doses
- followed by -

- 30 mg, subcutaneous, EVERY 8 WEEKS, starting day 112 (week 16)

MAINTENANCE ONLY

- 30 mg, subcutaneous, EVERY 8 WEEKS

Administer into the upper arm, thigh or abdomen.

NURSING ORDERS:

1. If vascular access is needed, follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
2. Prior to administration, remove prefilled benralizumab syringe from the refrigerator and allow to warm at room temperature for 30 minutes
3. Benralizumab syringe may contain a small air bubble. Do not expel the air bubble prior to administration
4. Monitor patient for hypersensitivity reaction, including anaphylaxis, for 30 minutes after first 2 administrations and then 15 minutes for all subsequent administrations

HYPERSENSITIVITY:

1. NURSING COMMUNICATION – If hypersensitivity reactions develop, refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Continue to assess as grade of severity may progress.
5. Administer emergency medications as directed on the physician's orders.

(cont.)



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**PHYSICIANS ORDERS
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Benralizumab (FASENRA) Subcutaneous Injection

Page 2 of 2

HYPERSENSITIVITY MEDICATIONS:

- **Acetaminophen, 975 mg, PO, x 1 dose, AS NEEDED** for hypersensitivity or infusion reaction.
- **DiphenhydrAMINE inj, 50 mg, IV, AS NEEDED** for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
- **Hydrocortisone Sodium Succinate, 100 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
- **Famotidine, 20 mg, IV, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.
- **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
- **0.9% Normal Saline, 1000 mL, IV, 150mL/hr, AS NEEDED** for hypersensitivity or infusion reaction.
- **EPINEPHrine HCl (1mg/1mL), 0.3 mg, IM injection, AS NEEDED x 1 dose** for hypersensitivity or infusion reaction.

My NPI 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: _____
