

### DEMOGRAPHICS

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female  
Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

### PRESCRIBING PHYSICIAN

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
License#: \_\_\_\_\_  
DEA#: \_\_\_\_\_ NPI: \_\_\_\_\_

### ALLERGIES / REACTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### PHYSICIAN ORDERS

☐ **SAPHNELO 300 MG**

REFILLS: \_\_\_\_\_

☐ Infuse 300 mg IV over 30 minutes; Flush with 20 ml Normal Saline: Repeat every 4 weeks

☐ **IV ACCESS**

☐ Peripheral IV - Flush with Normal Saline 5-10 ml with IV start and before & after medication

☐ Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication---LOCK with Heparin 500 units (100 units/ml)

☐ **PRE-MEDICATIONS / LABS**

REFILLS: \_\_\_\_\_

☐ Diphenhydramine \_\_\_\_ MG IV 30 minutes before infusion ☐ Solu-Medrol \_\_\_\_ MG IV 30 minutes before infusion

☐ OTHER: \_\_\_\_\_

☐ LABS: \_\_\_\_\_ FREQUENCY \_\_\_\_\_

☒ **Anaphylaxis Kit per Pharmacy protocol**

TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME  
Epinephrine Auto Injector 0.3mg/0.3ml IM - Repeat one time in 20 minutes if needed

☒ **ADVERSE REACTION ORDERS:**

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,

Severe Reactions - STOP infusion ☒, KVO IV Normal Saline ☒ Diphenhydramine 25/50 mg IVP over 3-5 minutes ☒  
Methylprednisolone 125 mg IVP over 5 minutes ☒ Call Ambulance and Physician ☒.

### DIAGNOSIS:

☐ M32.9 Moderate to Severe Systemic Lupus Erematosus (SLE)

☐ Other: \_\_\_\_\_