



PHYO

CMC0041-001NS

Rev. 10/2022

**CHST Belimumab (BENLYSTA)
Infusion Therapy Plan**
Baseline Patient Demographic

To be completed by the ordering provider.

 Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

☐ NKDA - No Known Drug Allergies

☐ Allergies: _____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

 Treatment should begin: ☐ as soon as possible (within a week) ☐ within the month

****Plans must be reviewed / re-ordered at least annually. ****
ORDERS TO BE COMPLETED FOR EACH THERAPY
ADMIT ORDERS
☒ Height and weight

☒ Vital signs

HYPOTENSION DEFINED ADMIT
☒ Nursing communication

Notify Provider for Hypotension:

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS
☐ Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

☐ lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

☐ when immediate procedure needed ☐ when procedure will take about 1 minute ☐ patient / family preference for procedure
Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets $\leq 20,000$, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.
☐ lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

☐ when more than 60 minutes are available before procedure ☐ when procedure will take more than 1 hour

☐ patient / family preference for procedure

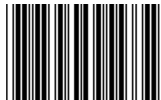
Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

☐ lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

☐ when 20 - 30 minutes are available before procedure ☐ when procedure will take more than 1 hour

☐ when anticipated pain is less than 5 mm from skin surface ☐ patient / family preference for procedure



PHYO

CMC0041-001NS

Rev. 10/2022

**CHST Belimumab (BENLYSTA)
Infusion Therapy Plan**
ORDERS TO BE COMPLETED FOR EACH THERAPY
NURSING ORDERS CONTINUED

Please select all appropriate therapy

☐ **lidocaine with transparent dressing 4% kit**

TOPICAL, PRN

☐ when 20 - 30 minutes are available before procedure

☐ when procedure will take more than 1 hour

☐ patient / family preference for procedure

☐ **Heparin flush**
heparin flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

☐ **Sodium chloride flush**
Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-MEDICATIONS
☐ **Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)**
Nursing communication

Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

acetaminophen suspension

15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

acetaminophen tablet

15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

☐ **Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)**
Nursing communication

Administer only one of the diphenhydramine pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

diphenhydramine liquid

1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydramine capsule

1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydramine injection

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____



PHYO

CMC0041-001NS

Rev. 10/2022

**CHST Belimumab (BENLYSTA)
Infusion Therapy Plan**
ORDERS TO BE COMPLETED FOR EACH THERAPY
PRE-MEDICATION, CONTINUED

Please select all appropriate therapy

☐ **methyIPREDNISolone RTA infusion**

1 mg / kg INTRAVENOUS, for 1 dose, 30 minutes prior (1 mg / kg, maximum 40 mg)

Pre-med, give 30 minutes prior to infusion. Doses > or = to 10 mg / kg, see policy 7.10.16, assess and document heart rate and blood pressure (BP) every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.

Dose: _____
INTRA-PROCEDURE ORDERS
☐ **Vital signs**

Obtain vital signs prior to start of belimumab infusion, then monitor vitals every 30 minutes during belimumab infusion and for 30 minutes after infusion completed. Observe for signs and symptoms and / or complaints of infusion related reactions. In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and notify the ordering provider.

Dose: _____
☐ **Physician communication order**

Dose of belimumab: 10 mg / kg. Please enter the dose of belimumab in 'mg' to facilitate prior authorization requirements and round to nearest vial size, if clinically acceptable. Belimumab vial sizes: 120 mg and 400 mg.

☐ **Loading Dose**

Sodium chloride volume for belimumab based on patient weight (select one order) < 40 kg: 100 mL OR ≥ 40 kg: 250 mL.

☐ **belimumab in sodium chloride 0.9% 100 mL infusion** **INTERVAL: Every 2 weeks** **DURATION: For 3 treatments**

INTRAVENOUS, at 100 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
☐ **belimumab in sodium chloride 0.9% 250 mL infusion** **INTERVAL: Every 2 weeks** **DURATION: For 3 treatments**

INTRAVENOUS, at 250 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
☐ **Maintenance Dose**

Sodium chloride volume for belimumab based on patient weight (select one order) < 40 kg: 100 mL OR ≥ 40 kg: 250 mL

☐ **belimumab in sodium chloride 0.9% 100 mL infusion** **INTERVAL: Every 4 weeks** **DURATION: Until discontinued**

INTRAVENOUS, at 100 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
☐ **belimumab in sodium chloride 0.9% 250 mL infusion** **INTERVAL: Every 4 weeks** **DURATION: Until discontinued**

INTRAVENOUS, at 250 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
Therapy Appointment Request

Please select department for the therapy appointment request:

Expires in 365 days

☐ Dallas Special Procedures
 ☐ Plano Infusion Center
 ☐ Dallas Allergy
 ☐ Dallas Transplant
 ☐ Dallas Neurology



PHYO

CMC0041-001NS

Rev. 10/2022

**CHST Belimumab (BENLYSTA)
Infusion Therapy Plan**
ORDERS TO BE COMPLETED FOR EACH THERAPY
EMERGENCY MEDICATIONS
☒ **Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- Stop the infusion
- Give diphenhydramine as ordered
- Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

PATIENT IS HAVING ANAPHYLAXIS:

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than $70 + (2 \times \text{age in years})$
- 11 years to 17 years – systolic blood pressure (SBP) less than 90
- OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) $\times 0.7$ = value below defined as hypotension.

☒ **EPINEPHrine Injection Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

☒ **Cardio / Respiratory Monitoring**
Rationale for Monitoring: High risk patient (please specify risk)

- ☐ Clinically significant cardiac anomalies or dysrhythmias
- ☐ Recent acute life-threatening event
- ☐ Unexplained or acutely abnormal vital signs
- ☐ Artificial airway (stent, tracheostomy, oral airway)
- ☐ Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): ☐ Heart rate ☐ Oxygen saturation ☐ Respiratory rate

Telemetry Required: ☐ Yes ☐ No

☒ **diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

☒ **Albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____



PHYO

CMC0041-001NS

Rev. 10/2022

**CHST Belimumab (BENLYSTA)
Infusion Therapy Plan****ORDERS TO BE COMPLETED FOR EACH THERAPY****POST - PROCEDURE**☐ **Nursing communication**

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.

Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.

Discontinue PIV prior to discharge.

☐ **Sodium chloride 0.9% infusion**

INTRAVENOUS at 0 - 25 mL / hr. ONCE, for 1 dose.

Dose: _____

(circle one):

MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider