MHS Home/Alternate Site Infusion Services Anifrolumab-fnia (Saphnelo) Infusion Order Set				
ALL ORDERS MUST BE SIGNED AND DATED BY PRESCRIBING PROVIDER				
Patient Name:	DOB://	Weight: lb/kg		
Patient Phone Number: ()	Requested Date of Service:	//		
Patient Allergies:				
Diagnosis:       ICD – 10 Code:         • Z45.2: Encounter for adjustment and management of vascular access device         • Z95.828: Presence of other vascular implants and grafts				
	_ Result:			
Lab Orders:		-		
Additional Requirements: In addition to order, please include H&P with documentation to support diagnosis. Must include ICD- 10 Code(s) and supporting labs. ** Emergency phone number for provider (required) **				
Provider Order for Anifrolum				
	e with check boxes), providers are e order. Orders left unchecked wil			
<ul> <li>Acetaminophen: 650 mg tab/cap by mouth once, 30 minutes prior to infusion (patient may provide own supply)</li> <li>Diphenhydramine: 25 mg tab/cap by mouth once, 30 minutes prior to infusion (patient may provide own supply) OR</li> <li>Loratadine: 10 mg tab/cap by mouth once, 30 minutes prior to infusion (patient may provide own supply)</li> <li>Other:</li></ul>				
<ul> <li><u>Additional Medications</u>:         <ul> <li>0.9% NaCl (NS) PF flush in 10 mL syringe: Administer 5 – 30 mL IV as needed for establishing and maintaining IV access and for flushing IV line post infusion.</li> <li>Heparin: 100 units/mL for port OR 10 units/mL for other central line/midline, 3-5 mL PRN for de-accessing line.</li> <li>Cathflo (alteplase) 2 mg: Instill 2 mg (2 mL) into occluded catheter as needed for CVC/CVAD occlusion.</li> <li>Diphenhydramine 25 mg IV once, as needed for itching.</li> <li>Accetaminophen 325-650 mg tab/cap by mouth once, as needed for pain.</li> </ul> </li> </ul>				
<ul> <li>Admit (first visit) patient to services for home infusion the Complete Skilled Nurse visit with each infusion for ongoin Obtain vital signs (TPR &amp; B/P) at baseline and at complet Obtain patient weight at each visit.</li> <li>Establish IV access and flush per policy to maintain pater</li> <li>Draw labs as ordered.</li> </ul>	g home infusion therapy of Anifra ion of infusion.			
CONTINUED ON NEXT PAGE				
FOR MHS HOME/ALTERNATE SITE				

FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY		
Patient Identification:	Pre-printed order – Page 1 of 2	
Name:	Anifrolumab-fnia (Saphnelo) Order Set	
MRN:	MultiCare	
DOB:		

## Skilled Nurse Interventions (continued):

- Administer pre-medications as prescribed.
- Withdraw 2 mL of solution from 0.9% sodium chloride (NS) bag and discard.
- Withdraw 2 mL from the vial of Anifrolumab-fnia (Saphnelo) and add to the infusion bag.
- Mix the solution by gentle inversion. Do not shake.
- Infuse Anifrolumab-fnia (Saphnelo) as prescribed. Protect from light.
- Once infusion complete, flush IV line with 25 mL of Normal Saline 0.9% as prescribed.
- If vital signs are stable after infusion, Skilled Nurse will discontinue IV access and complete visit.

## If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.):

The Skilled Nurse will:

- STOP THE INFUSION.
- Administer emergency medications as prescribed (below).
- For mild infusion reaction, may restart the infusion at a slower rate (verified with pharmacist) if symptoms resolve with medication.
- Contact Emergency Medical Services (EMS/911) if indicated.
- Increase vital sign monitoring to every 5 minutes.
- Contact provider via emergency phone number for additional instructions.
- Notify MHS Home/Alternate Site Infusion Pharmacist AND Nurse Supervisor.

**<u>Emergency Medications</u>**: To be administered by skilled nurse as needed for hypersensitivity reactions.

- Diphenhydramine 50 mg/mL solution: Inject 0.5 mL (25 mg) into the vein via slow IV push over at least 2 minutes as needed for rash, itching, hives, flushing of skin and/or mild-to-moderate hypersensitivity reaction. May be given IM if no IV access is available. Max dose = 50 mg.
- Methylprednisolone sodium succinate (SOLU-MEDROL) 125 mg/2 mL solution: Inject 2 mL (125 mg) into the vein as a slow IV push over at least 3 minutes once, as needed for hives, flushing of the skin, shortness of breath, chest tightness, tachycardia (HR>140 bpm), and/or moderate-to-severe hypersensitivity reaction. May be given IM if no IV access is available.
- EPINEPHrine (Adrenalin) 1 mg/mL solution: Inject 0.3 mL (0.3 mg) intramuscular every 5-15 minutes as needed (maximum 3 doses) for severe allergic reaction or anaphylaxis AND call 911 and provider.
- Acetaminophen (Tylenol) 325 mg tab: Take 2 tablets (650 mg) by mouth as needed for fever (PRN for temperature > 101F/38.3C) and/or mild-to-moderate hypersensitivity reaction.
- 0.9% NaCl (NS) solution: Infuse 500 mL into the vein via gravity as needed at a rate needed to maintain IV access.
- **Oxygen:** Initiate oxygen by RN PRN chest pain or dyspnea to keep SpO2>90%. For 1-6 LPM, use NC. For 6-10 LPM, use simple mask.

Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.				
Was consent obtained: 🗆 Yes 🗆 No (if yes, please send DOCUMENTATION of consent with order)				
I certify that this patient is safe and appropriate to receive therapy from Home Infusion Services.				
Provider Signature: Printee	d Name: Date: _			
NPI: Orders expire in 12 months unless otherwise specified:				
Provider/Clinic Information:	Return completed orders to: MultiCare Home/Alternate Site Infusion Services 253-459-6650 (phone) / 253-864-2785 (fax)			
Address:				
Phone #: Fax#:				
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY				
<b>Patient Identification:</b> Name: MRN: DOB:	Pre-printed order – Page 2 of 2 Anifrolumab-fnia (Saphnelo) Order Set MultiCare Revise	ed 10/24		