MHS Home/Alternate Site Infusion Services Mepolizumab (Nucala) Injection Order Set ALL ORDERS MUST BE SIGNED AND DATED BY PRESCRIBING PROVIDER DOB: /__/ **Patient Name:** Weight: __ ____ lb/kg Patient Phone Number: (_____) ____-Requested Date of Service: __ **Patient Allergies:** _____ ICD - 10 Code: _____ Diagnosis: ____ Baseline Labs Required: CBC w/ diff Date: ____/___ Absolute eosinophil count >0.015 K/uL within 6 weeks of initiation Result: _____ Date: ____/___ Date: ____/___ **PFTs** Result: _____ Maintenance Labs Required: CBC w/ diff every 12 months Lab Orders: *Herpes zoster infection has occurred in patients receiving Mepolizumab (Nucala). Consider vaccination if medically appropriate. 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 Mepolizumab (Nucala) Injection When an order is optional (those with check boxes), providers are responsible for indicating a ORDERS WITH CHECK check mark in the box next to the order. Orders left unchecked will not be initiated. **BOXES Biologic Injection:** Mepolizumab (Nucala) Dosing: ☐ 100 mg SUBQ every 4 weeks ☐ 300 mg SUBQ every 4 weeks **Skilled Nurse Interventions:** Admit (first visit) patient to services for home infusion therapy of Mepolizumab (Nucala). Complete Skilled Nurse Visit with each injection for ongoing home infusion therapy of Mepolizumab (Nucala). Obtain vital signs (TPR & B/P) at baseline and post-injection. Obtain patient weight at each visit. Draw labs as ordered. Inject Mepolizumab (Nucala) as prescribed. If patient is stable after the injection, Skilled Nurse will complete visit. **CONTINUED ON NEXT PAGE** FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY Patient Identification: Pre-printed order – Page 1 of 2 Name: Mepolizumab (Nucala) Order Set MRN: MultiCare DOB:

If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.): The Skilled Nurse will: • Administer emergency medications as prescribed (below). • 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. Emergency Medications: 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 give 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 give 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.

 0.9% NaCl (NS) solution: Infuse 500 mL into the vein via gravity as need Oxygen: Initiate oxygen by RN PRN chest pain or dyspnea to keep SpO2 simple mask. 	
simple mask.	
Code Status: Please note, patients will be considered FULL Code unless marks advance directive or living will, please include a copy with the orders.	·
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