

Reslizumab 3 mg/kg IV every 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
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Provider Communication

☒ Provider communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Do not abruptly discontinue systemic or inhaled corticosteroids with reslizumab treatment.			

Nursing Orders

☒ Nursing communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Following infusion, monitor patient for signs and symptoms of reaction for 30 minutes.			

☒ Nursing communication	Every 28 days		Until discontinued
Until discontinued Starting when released Until Specified			
Vital signs - Prior to infusion and at the completion of the infusion.			

Pre-Medications

☒ AH PREMEDS - DIPHENHYDRAMINE 25 MG PO / ACETAMINOPHEN 650 MG PO (OFFSET 0 MIN)			
☒ diphenhydrAMINE (BENADryl) 25 mg	Every 28 days		Until discontinued
25 mg, oral, Once, Starting at treatment start time			
Give first, then give any IV premeds if ordered			
☐ diphenhydrAMINE (BENADryl) injection 25 mg	Every 28 days		Until discontinued
25 mg, intravenous, Once, Starting at treatment start time			
☒ acetaminophen (Tylenol) tablet 650 mg	Every 28 days		Until discontinued
650 mg, oral, Once, Starting at treatment start time			

Therapeutic Medications

☒ reslizumab (Cinqair) 3 mg/kg in sodium chloride	Every 28 days		Until discontinued
0.9 % 50 mL IVPB			
3 mg/kg, intravenous, Administer over: 20 Minutes, Once, Starting 30 minutes after treatment start time			

Emergency Medications

☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			

	Interval	Defer Until	Duration
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request Status: Once, Expected: S, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after	Every 28 days		Until discontinued
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*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**