



Print Patient Name (Required)

DOB

Height (cm): _____
Weight (kg): _____
BSA (m2): _____
Allergies: _____



Belimumab (Benlysta) Infusion

Admit to:	Diagnosis:	Infusion Date:
<input type="checkbox"/> Port <input type="checkbox"/> Broviac <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral <input type="checkbox"/> Normal Saline/Heparin flush per protocol <input type="checkbox"/> Topical anesthetic per protocol		
Premedication		
<input type="checkbox"/> Acetaminophen = _____ mg PO (max dose 1000mg) <input type="checkbox"/> Methylprednisolone = _____ mg IV <input type="checkbox"/> Diphenhydramine = _____ mg IV or PO (max dose 50mg) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hydrocortisone = _____ mg IV (max dose 100mg)		

Belimumab _____ mg IV once in NS over 1 hour

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital Signs at the beginning and the end of the infusion. Report any changes in status or vital signs.
Regular diet for patient age.
Obtain the following labs with IV or central line access prior to the start of infusion: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> UA <input type="checkbox"/> Other: _____ <input type="checkbox"/> IGG <input type="checkbox"/> IGG/IGA/IGM <input type="checkbox"/> Call lab results prior to starting infusion <i>**Fax all lab results to ordering provider**</i>
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion

PRN medications:

Diphenhydramine (1mg/kg) = _____ mg PO or IV once prn itching

Ibuprofen (10mg/kg) = _____ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Acetaminophen (15mg/kg) = _____ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Orders good until this date: _____

Provider's Signature: _____ Date: _____ Time: _____

Printed Name: _____

