



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO

CMC84733-001NS Rev. 11/2022 **Eculizumab (SOLIRIS) Therapy Plan****Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)
 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

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 occurring.

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 &lt; 3 months of age, or &lt; 5 kg in weight, maximum application time is 1 hour.



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**Eculizumab (SOLIRIS) Therapy Plan****ORDERS TO BE COMPLETED FOR EACH THERAPY****NURSING ORDERS, CONTINUED** **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 - PROCEDURE LABS**

- |  |                              |
|--|------------------------------|
| <input checked="" type="checkbox"/> <b>Haptoglobin</b><br>Unit collect           | <b>INTERVAL: every visit</b> |
| <input checked="" type="checkbox"/> <b>Lactate Dehydrogenase</b><br>Unit collect | <b>INTERVAL: every visit</b> |
| <input checked="" type="checkbox"/> <b>Renal Function Panel</b><br>Unit collect  | <b>INTERVAL: every visit</b> |
| <input checked="" type="checkbox"/> <b>Complete Blood Count</b><br>Unit collect  | <b>INTERVAL: every visit</b> |
| <input checked="" type="checkbox"/> <b>Cystatin C</b><br>Unit collect            | <b>INTERVAL: every visit</b> |

**INTRA - PROCEDURE**

- Vital signs** **INTERVAL: every visit**  
Check blood pressure (BP), pulse, respirations, temperature and pain prior to the start of the infusion. Observe vitals every 15 minutes upon the initiation of the infusion for signs and symptoms and / or complaints of infusion related reactions.



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**INTRA - PROCEDURE, CONTINUED**

**Nursing communication**

Monitor fluid intake and urine output during the infusion and as needed.

**Physician communication order**

Dosing of eculizumab for patients < 18 years. Please select the appropriate section depending on weight. If a patient's weight changes and the dosing regimen changes, please contact the clinic and update the orders accordingly.

Infusion to run over 1 to 4 hours:

**5 kg to < 10 kg: Induction:** 300 mg weekly for 1 dose; Maintenance: 300 mg at week 2, then 300 mg every 3 weeks  
**10 kg to < 20 kg: Induction:** 600 mg weekly for 1 dose; Maintenance 300 mg at week 2, then 300 mg every 2 weeks  
**20 kg to < 30 kg: Induction:** 600 mg weekly for 2 doses; Maintenance 600 mg at week 3, then 600 mg every 2 weeks  
**30 kg < 40 kg: Induction:** 600 mg weekly for 2 doses; Maintenance. 900 mg at week 3, then 900 mg every 2 weeks  
**> or = 40 kg: Induction:** 900 mg weekly for 4 doses; Maintenance: 1200 mg at week 5, then 1200 mg every 2 weeks

Patient Weight	Dosing Regimen		
	Loading Dose	Maintenance Dose	Maintenance Schedule
5 kg to < 10 kg	300 mg weekly for 1 dose	300 mg at week 2	then 300 mg every 3 weeks
10 kg to < 20 kg	600 mg weekly for 1 dose	300 mg at week 2	then 300 mg every 2 weeks
20 kg to < 30 kg	600 mg weekly for 2 doses	600 mg at week 3	then 600 mg every 2 weeks
30 kg < 40 kg	600 mg weekly for 2 doses	900 mg at week 3	then 900 mg every 2 weeks
> or = 40 kg	900 mg weekly for 4 doses	1200 mg at week 5	then 1200 mg every 2 weeks

**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

**Eculizumab - Patient weight 5 kg to < 10 kg**

**eculizumab 300 mg loading infusion**      **INTERVAL: 1 time**      **DEFER UNTIL: \_\_\_\_\_**      **DURATION: 1 treatment**

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
 FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
 FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
 Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**eculizumab 300 mg maintenance infusion**      **INTERVAL: Every 3 weeks**      **DEFER UNTIL: \_\_\_\_\_**      **DURATION: Until discontinued**

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
 FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
 FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
 Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**INTRA - PROCEDURE, CONTINUED**

**Eculizumab - Patient weight 10 kg to < 20 kg**

**eculizumab 600 mg loading infusion** INTERVAL: 1 time DEFER UNTIL: \_\_\_\_\_ DURATION: 1 treatment

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**eculizumab 300 mg maintenance infusion** INTERVAL: every 2 weeks DEFER UNTIL: \_\_\_\_\_ DURATION: until discontinued

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**Eculizumab - Patient weight 20 kg to < 30 kg**

**eculizumab 600 mg loading infusion** INTERVAL: 1 time DEFER UNTIL: \_\_\_\_\_ DURATION: 2 treatments

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**eculizumab 600 mg maintenance infusion** INTERVAL: Every 2 weeks DEFER UNTIL: \_\_\_\_\_ DURATION: until discontinued

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**Eculizumab - Patient weight 30 kg to < 40 kg**

**eculizumab 600 mg loading infusion** INTERVAL: 1 time DEFER UNTIL: \_\_\_\_\_ DURATION: 2 treatments

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**eculizumab 900 mg maintenance infusion** INTERVAL: every 2 weeks DEFER UNTIL: \_\_\_\_\_ DURATION: until discontinued

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**Eculizumab 40 kg and over**

**eculizumab 900 mg loading infusion** INTERVAL: 1 time DEFER UNTIL: \_\_\_\_\_ DURATION: 4 treatments

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.  
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

**eculizumab 1,200 mg maintenance infusion** INTERVAL: every 2 weeks DEFER UNTIL: \_\_\_\_\_ DURATION: until discontinued

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.  
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.  
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

Key: cm = centimeter; gm = gram; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m<sup>2</sup> = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = peripheral venous catheter



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- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. 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**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure (BP) every 5 minutes until the code team arrives.
- f. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. 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 x 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) x 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**

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**

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

**Dose:** \_\_\_\_\_



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**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