ADMIT to Infusion Center of EAMC for Eculizumab (Soliris)

Labs Pre-N	Atypical Hemolytic Uremic S Neuromyelitis Optica Spector Other (specify) Labs must be resulted properties to verify the patient has been reverbly Physician office to verify the patient has been for Physician office to verify the patient has been reverbly the patient has been	rum Disorder rior to scheduling infus that patient has receivaccinated according to patient is enrolled in to with each treatment with each treatment	ion. ved a meningococ current guideline he REMS program Methylpred Famotidine	cal vaccine at s. nisolone 125	nia Gravis, Refractory Il Hemoglobinuria least 14 days prior to the mg IVP with each treatme ver 2 minutes with each t	ent
	Drug	Fluid	Dose)	Route	
	Eculizumab (Soliris)	Normal Saline (see below)*	900) mg mg 00 mg	IV Infusion	
☐ 6 ☐ 9 Main ☐ 9	ction Dose: 00 mg weekly for 4 doses 00 mg weekly for 4 doses tenance Dose: 00 mg at week 5; then 900 mg,200 mg at week 5; then 1,5					
* * In h h s N	Hary Treatment/Administrate Eculizumab should be diluted infuse over 35 minutes. Decide our duration of infusion. Monitor vital signs prior to infusion ray use Infusion Center at E 334-528-6320 and notify N	ed with an equal volunt rease infusion rate or fusion, then as needed eaction. EAMC Non-Oncology	discontinue for infud. Monitor for at leastanding orders.	usion reactions ast 1 hour folk	s; do not exceed a maxin	ion for
Physician Signature			Date		Time	
EAST ALABAMA MEDICAL CENTER EAMC Infusion Order Set Eculizumah (Soliris)				Patient Identification		