

ADMIT to outpatient infusion service for **Benralizumab (Fasenra)**

Diagnosis:

- ☐ ASTHMA, SEVERE
☐ Other (specify) _____

Lab:

**Labs should be resulted prior to infusion.

Pre-Meds:

- ☐ Other (specify) _____

Infusion Orders

| Drug | Fluid | Total dose | Route |
|---------------------------|-------------------|------------|-------|
| Benralizumab (Fasenra) | Prefilled Syringe | 30 mg | SubQ |

Ancillary Treatment/Administrative Procedures

- ❖ May use Infusion Center Non-Oncology Standing Orders.
- ❖ Prior to administration, allow syringe to warm at room temperature for ~30 minutes.
- ❖ Syringe may contain a small air bubble; do not expel the air bubble prior to administration
Administer SubQ into the upper arm, thigh, or abdomen.
- ❖ **Follow the regimen below to monitor for signs/symptoms of allergic reaction (itching, rash, throat tightness, shortness of breath, etc.)**
 - For first injection: Monitor for signs/symptoms of infusion reaction for 1-hour post injection.
 - For second injection: Monitor for signs/symptoms of infusion reaction for 30 minutes post injection.
 - For third injection: Monitor for signs/symptoms of infusion reaction for 15 minutes post injection.
 - Fourth injection and subsequent injections: Monitoring patient is not required and may leave Infusion center immediately after injection.
- ❖ **For Anaphylactic Reaction:**
 - Give 0.3mg Epinephrine injection IM in lateral thigh x 1 dose. Repeat x 1 dose if symptoms are not improved in 5-10 minutes. Notify Physician.

Schedule repeat injection: Every 4 weeks for the first 3 doses, and then once every 8 weeks.

Ordering Physician _____ Date _____ Time _____

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Benralizumab (Fasenra)**

Patient Identification