

ADMIT to outpatient infusion service FOR MEPOLIZUMAB (Nucala)

Diagnosis:

- ☐ Asthma
- ☐ Eosinophilic granulomatosis with polyangiitis
- ☐ OTHER (specify) _____

Lab:

* Labs should be resulted prior to infusion.

Pre-Meds:

- ☐ OTHER (specify) _____

Infusion Orders

Drug	Fluid	Dose	Route
Mepolizumab (Nucala)	3 ml Syringe	<input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg (over 3 injection sites)	SubQ

Ancillary Treatment/Administrative Procedures

- ❖ May use Infusion Center Non-Oncology Standing Orders.
- ❖ Administer via SubQ injection into the upper arm, thigh, or abdomen; avoid skin that is tender, bruised, red, or hard
- ❖ For the 300 mg dose, administer as 3 separate 100 mg injections into the upper arm, thigh, or abdomen ≥ 5 cm apart if >1 injection administered at same site.
- ❖ 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: ☐ Once every 4 weeks

Ordering Physician _____ Date _____ Time _____

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
MEPOLIZUMAB (Nucala)**

Patient Identification