

INFUSION SUITE		BENLYSTA INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> +ANA: _____	<input type="checkbox"/> SELENA-SLEDAI Scale		
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
BENLYSTA ORDERS			
<input type="checkbox"/> Benlysta	10mg/kg over 60 minutes week 0, week 2, week 4		
<input type="checkbox"/> Benlysta	10mg/kg over 60 minutes every 4 weeks X _____		
Dosing Calculator:	https://www.benlystahcp.com/dosing/vial-calculator/?&siteredirect=gskpro-benlysta		
POST INFUSION			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home after 1 hour observation time			
<input type="checkbox"/> Discharge home without 1 hour observation time			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

*Credentials must be included

Infusion Directions:

***DO NOT SHAKE**

- Remove vial and allow to come to room temp before administration
- 120mg vial – reconstitute with 1.5mL Sterile Water / 400mg vial – reconstitute with 4.8mL Sterile Water
- Direct the stream of Sterile Water toward the side of the vial to minimize foaming. Gently swirl for 60 seconds
- Allow to site, gently swirling for 60 seconds every 5 minutes until powder is dissolved (typically 10-15 minutes)
- Withdraw a volume of NS equal to the volume of the Benlysta dose from the infusion bag
- Add ordered dose of Benlysta to the NS infusion bag, gently invert to mix
- Discard and document any drug waste
- Infuse over 60 minutes (no filter required for tubing)