

INFUSION SUITE		XOLAIR INJECTION 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"/> Serum IgE:			
Additional labs:			
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:			
XOLAIR ORDERS			
<input type="checkbox"/> Xolair	_____ mg subcutaneous once every _____ weeks X _____		
Dosing calculator: <a href="https://www.xolairhcp.com/starting-treatment/dosing.html">https://www.xolairhcp.com/starting-treatment/dosing.html</a>			
POST INJECTION			
<input type="checkbox"/> Discharge home			
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*

**Injection Directions:**

- Remove pre-filled syringes and allow to sit at room temperature for at least 30 minutes; If no PFS,
- Reconstitute Xolair with 1.4mL Sterile Water for Injection using a 3mL syringe and 18G needle
- Gently swirl for 1 minute to wet powder and then gently swirl vial for 5-10 seconds every 5 minutes to dissolve
- Using a new 3mL syringe and 18G needle to withdraw required dosage, replace needle with 25G needle
- Injection may take 5-10 seconds due to viscosity
- Inject in the thigh or outer area of upper arm
- Do not administer more than 150mg per injection site
- Discard and document any wastage

**Table 4. Number of Prefilled Syringes, Injections and Total Injection Volumes**

XOLAIR Dose*	75 mg Syringes	150 mg Syringes	Total Volume Injected
75 mg	1	0	0.5 mL
150 mg	0	1	1 mL
225 mg	1	1	1.5 mL
300 mg	0	2	2 mL
375 mg	1	2	2.5 mL
450 mg	0	3	3 mL
525 mg	1	3	3.5 mL
600 mg	0	4	4 mL

**Table 5. Number of Vials, Injections and Total Injection Volumes**

XOLAIR Dose*	Number of Vials	Number of Injections	Total Volume Injected
75 mg	1	1	0.6 mL
150 mg	1	1	1.2 mL
225 mg	2	2	1.8 mL
300 mg	2	2	2.4 mL
375 mg	3	3	3.0 mL
450 mg	3	3	3.6 mL
525 mg	4	4	4.2 mL
600mg	4	4	4.8 mL