DURANGO INFUSION

INFUSION SUITE		SAPHNELO INFUSION ORDERS	
Durango Infusion Center		**Phone: 970-828-3500**	**Fax: 970-828-3501**
270 E 8th Ave Ste N101 Durango, CO 81301			
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			
Additional labs:			
☐ **Insert IV**	☐ **Access Port/PICC**		
PREMEDICATIONS 30 minutes prior to starting			
☐ **Acetaminophen:**	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1 ☐ 1000mg PO X1
☐ **Diphenhydramine:**	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV X1 ☐ 50mg PO X1
☐ **Methylprednisolone:**	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1	☐ Loratadine 10mg PO X	
☐ **Additional PRN:**			
SAPHNELO ORDERS			
☐ Saphnelo	300mg IV every 4 weeks X _____		
POST INFUSION			
☐ Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
☐ Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
☐ 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

Infusion Directions:

- Remove vial and allow to warm to room temperature
- Withdraw 2mL from a 100mL bag of normal saline
- Withdraw 2mL Saphnelo from vial and inject into NS for a final volume of 100mL
- Gently invert to mix
- Infuse over approximately 30 minutes using a filtered infusion set (0.2 or 0.22 micron)