DURANGO INFUSION

INFUSION SUITE		LEQVIO INJECTION 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		
☐ **Lipid Panel: _____**			
Additional labs:			
	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 X1	
☐ **Additional PRN:**			
	LEQVIO ORDERS		
☐ Initial:	284mg subcutaneous day 1, month 3, then every 6 months		
☐ Subsequent:	284mg subcutaneous every 6 months X 2		
	POST INJECTION		
☐ 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
- Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm