CHILDREN'S HEALTH

Patient Name: _____

Date of Birth: _____

PHYO
CMC84733-001NS Rev. 1/2021

Eculizumab (SOLIRIS) Therapy Plan

Baseline Patient Demographic

To be completed by the ordering provider.

☐ NKDA - No Known Drug Allergies Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m^2)

☐ Allergies: _____

_____

Therapy Plan orders extend over time (several visits) including recurring treatment.

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: ☐ as soon as possible (within a week) ☐ within the month

****Plans must be reviewed / re-ordered at least annually. ****

ORDERS TO BE COMPLETED FOR EACH THERAPY

ADMIT ORDERS

☑ **Height and weight**

☑ **Vital signs**

HYPOTENSION DEFINED ADMIT

☐ **Nursing communication**

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.
Hypotension is defined as follows:
1 month to 1 year - systolic blood pressure (SBP) less than 70
1 year to 11 years - systolic blood pressure (SBP) less than 70 = (2 x age in years)
11 years to 17 years - systolic blood pressure (SBP) less than 90
OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.
Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

☐ **insert peripheral IV**

Place PIV if needed or access IVAD if available

☐ **lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection**

0.2 mL, INTRADERMAL, PRN

☐ when immediate procedure needed
☐ when procedure will take about 1 minute
☐ patient/family preference for procedure

Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets ≤ 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

☐ **lidocaine - prilocaine (EMLA) cream**

TOPICAL, PRN

☐ when more than 60 minutes are available before procedure
☐ when procedure will take more than 1 hour
☐ patient/family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

☐ **lidocaine - tetracaine (SYNERA) patch**
TOPICAL, PRN

- ☐ when 20 - 30 minutes are available before procedure
- ☐ when procedure will take more than 1 hour
- ☐ when anticipated pain is less than 5 mm from skin surface
- ☐ patient/family preference for procedure

☐ **lidocaine with transparent dressing 4 % kit**
TOPICAL, PRN

- ☐ when 20 - 30 minutes are available before procedure
- ☐ when procedure will take more than 1 hour
- ☐ patient/family preference for procedure

Select One:

☐ **heparin flush**
10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

☐ **heparin flush**
100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

☐ **sodium chloride flush 0.9% injection**
1 - 20 mL, INTRAVENOUS, PRN, IV line flush

☐ **sodium chloride - pres free 0.9% injection**
1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE - PROCEDURE LABS	INTERVAL
☑ **Haptoglobin** Unit collect	**every visit**
☑ **Lactate Dehydrogenase** Unit collect	**every visit**
☑ **Renal Function Panel** Unit collect	**every visit**
☑ **Complete Blood Count** Unit collect	**every visit**
☑ **Cystatin C** Unit collect	**every visit**

INTRA - PROCEDURE

☑ **Vital signs** Check blood pressure (BP), pulse, respirations, temperature and pain prior to the start of the infusion. Observe vitals every 15 minutes upon the initiation of the infusion for signs and symptoms and / or complaints of infusion related reactions.	**every visit**

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INTRA - PROCEDURE, CONTINUED	INTERVAL	DEFER UNTIL	DURATION

☑ **Nursing communication**

Monitor fluid intake and urine output during the infusion and as needed.

☑ **Physician communication order**

Dosing of eculizumab for patients < 18 years. Please select the appropriate section depending on weight. If a patient's weight changes and the dosing regimen changes, please contact the clinic and update the orders accordingly.
Infusion to run over 1 to 4 hours:
5 kg to < 10 kg: Induction: 300 mg weekly for 1 dose;
Maintenance: 300 mg at week 2, then 300 mg every 3 weeks
10 kg to < 20 kg: Induction: 600 mg weekly for 1 dose;
Maintenance 300 mg at week 2, then 300 mg every 2 weeks
20 kg to < 30 kg: Induction: 600 mg weekly for 2 doses;
Maintenance 600 mg at week 3, then 600 mg every 2 weeks
30 kg < 40 kg: Induction: 600 mg weekly for 2 doses,
Maintenance. 900 mg at week 3, then 900 mg every 2 weeks
> or = 40 kg: Induction: 900 mg weekly for 4 doses;
Maintenance: 1200 mg at week 5, then 1200 mg every 2 weeks

Patient Weight	Dosing Regimen		
	Loading Dose	Maintenance Dose	Maintenance Schedule
5 kg to < 10 kg	300 mg weekly for 1 dose	300 mg at week 2	then 300 mg every 3 weeks
10 kg to < 20 kg	600 mg weekly for 1 dose	300 mg at week 2	then 300 mg every 2 weeks
20 kg to < 30 kg	600 mg weekly for 2 doses	600 mg at week 3	then 600 mg every 2 weeks
30 kg < 40 kg	600 mg weekly for 2 doses	900 mg at week 3	then 900 mg every 2 weeks
> or = 40 kg	900 mg weekly for 4 doses	1200 mg at week 5	then 1200 mg every 2 weeks

Therapy appointment request
Please select department for the therapy appointment request:

Expires in 365 days

- ☐ Dallas Special Procedures
- ☐ Plano Infusion Center
- ☐ Dallas Allergy
- ☐ Dallas Transplant
- ☐ Dallas Neurology

Eculizumab - Patient weight 5 kg to < 10 kg

☐ **eculizumab 300 mg loading infusion** — **1 time** _____ **1 treatment**

NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab.
FOR PEDIATRIC PATIENTS administer over 1 - 4 hours.
FOR ADULTS administer over at least 35 minutes, but no more than 2 hours.
Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).

Key: cm = centimeter; gm = gram; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = peripheral venous catheter

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ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA - PROCDEDURE, CONTINUED	INTERVAL	DEFER UNTIL	DURATION
☐ **eculizumab 300 mg maintenance infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**Every 3 weeks**	_____	**until discontinued**
Eculizumab - Patient weight 10 kg to < 20 kg			
☐ **eculizumab 600 mg loading infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**1 time**	_____	**1 treatment**
☐ **eculizumab 300 mg maintenance infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**every 2 weeks**	_____	**until discontinued**
Eculizumab - Patient weight 20 kg to < 30 kg			
☐ **eculizumab 600 mg loading infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**1 time**	_____	**2 treatments**
☐ **eculizumab 600 mg maintenance infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**Every 2 weeks**	_____	**until discontinued**
Eculizumab - Patient weight 30 kg to < 40 kg			
☐ **eculizumab 600 mg loading infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**1 time**	_____	**2 treatments**

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Eculizumab (SOLIRIS) Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA - PROCEDURE, CONTINUED	INTERVAL	DEFER UNTIL	DURATION
☐ **eculizumab 900 mg maintenance infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**every 2 weeks**	_____	**until discontinued**
Eculizumab 40 kg and over			
☐ **eculizumab 900 mg loading infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**1 time**	_____	**4 treatments**
☐ **eculizumab 1,200 mg maintenance infusion** NOTICE: Confirm patient has received meningococcal vaccine at least 2 weeks prior to initial dose of eculizumab. FOR PEDIATRIC PATIENTS administer over 1 - 4 hours. FOR ADULTS administer over at least 35 minutes, but no more than 2 hours. Monitor for at least 1 hour following completion of infusion (for signs / symptoms of infusion reaction).	**every 2 weeks**	_____	**until discontinued**

EMERGENCY MEDICATIONS

☑ **Nursing Communication**

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**
   - **a.** Stop the infusion
   - **b.** Give diphenhydramine as ordered
   - **c.** Check vitals including blood pressure every 5 minutes until further orders from provider.
   - **d.** Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
   - **e.** Notify provider for further orders
2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling **PATIENT IS HAVING ANAPHYLAXIS:**
   - **a.** Stop the infusion
   - **b.** Call code – do not wait to give epinephrine
   - **c.** Give epinephrine as ordered
   - **d.** Notify provider
   - **e.** Check vitals including blood pressure every 5 minutes until the code team arrives.
   - **f.** Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
   - **g.** Give diphenhydramine once as needed for hives
   - **h.** May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
   - **i.** May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

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ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED

Hypotension is defined as follows:
1 month to 1 year – systolic blood pressure (SBP) less than 70
1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
11 years to 17 years – systolic blood pressure (SPB) less than 90
OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.
Baseline systolic blood pressure x 0.7 = value below defined as hypotension.

☐ **EPINEPHrine Injection (AMPULE / EPI - PEN JR. / EPI - PEN)**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.
Dose: _____

☐ **Cardio / respiratory monitoring rationale for monitoring: High risk patient (please specify risk)**

(Patient receiving infusion with potential infusion reactions);
heart rate, respiratory rate, oxygen saturation
Rationale for Monitoring: High risk patient (please specify risk)
Parameters: heart rate, respiratory rate, oxygen saturation
Alarm limits: preset at age specific limits

☐ **diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN ,for hives or cutaneous reaction, for 1 dose Max dose = 50 mg per dose, 300 mg per day.
Dose: _____

☐ **albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, - continue to monitor oxygen saturation for 1 dose
Dose: _____

POST - PROCEDURE

☑ **Nursing communication**

Flush PIV or IVAD with 10 - 20 mL 0.9% sodium chloride at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de - accessing IVAD.

☑ **sodium chloride flush 0.9%**

10 - 20 mL, INTRAVENOUS, PRN, IV line flush
Dose: _____

_____ (circle one): MD DO _____ _____

Signature of Provider | Credentials | Date | Time

_____

Printed Name of Provider

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