



PHYO
CMC0041-001NS

Rev. 10/2022

**CHST Belimumab (BENLYSTA)
Infusion Therapy Plan**

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

NKDA - No Known Drug Allergies

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

Notify Provider for Hypotension:

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 / Access IVAD

Place PIV if needed or access IVAD if available

lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

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 \leq 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.

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



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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS CONTINUED

Please select all appropriate therapy

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

Heparin flush

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

Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-MEDICATIONS

Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)

Nursing communication

Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

acetaminophen suspension

15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

acetaminophen tablet

15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)

Nursing communication

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

diphenhydrAMINE liquid

1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE capsule

1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____



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ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-MEDICATION, CONTINUED

Please select all appropriate therapy

 methylPREDNISolone RTA infusion

1 mg / kg INTRAVENOUS, for 1 dose, 30 minutes prior (1 mg / kg, maximum 40 mg)

Pre-med, give 30 minutes prior to infusion. Doses > or = to 10 mg / kg, see policy 7.10.16, assess and document heart rate and blood pressure (BP) every 15 minutes during infusion and for 1 hour after the infusion is complete. Doses > 15 mg / kg should be given over a minimum of 1 hour.

Dose: _____

INTRA-PROCEDURE ORDERS

 Vital signs

Obtain vital signs prior to start of belimumab infusion, then monitor vitals every 30 minutes during belimumab infusion and for 30 minutes after infusion completed. Observe for signs and symptoms and / or complaints of infusion related reactions. In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and notify the ordering provider.

Dose: _____
 Physician communication order

Dose of belimumab: 10 mg / kg. Please enter the dose of belimumab in 'mg' to facilitate prior authorization requirements and round to nearest vial size, if clinically acceptable. Belimumab vial sizes: 120 mg and 400 mg.

 Loading Dose

Sodium chloride volume for belimumab based on patient weight (select one order) < 40 kg: 100 mL OR ≥ 40 kg: 250 mL.

 belimumab in sodium chloride 0.9% 100 mL infusion **INTERVAL: Every 2 weeks** **DURATION: For 3 treatments**

INTRAVENOUS, at 100 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
 belimumab in sodium chloride 0.9% 250 mL infusion **INTERVAL: Every 2 weeks** **DURATION: For 3 treatments**

INTRAVENOUS, at 250 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
 Maintenance Dose

Sodium chloride volume for belimumab based on patient weight (select one order) < 40 kg: 100 mL OR ≥ 40 kg: 250 mL

 belimumab in sodium chloride 0.9% 100 mL infusion **INTERVAL: Every 4 weeks** **DURATION: Until discontinued**

INTRAVENOUS, at 100 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____
 belimumab in sodium chloride 0.9% 250 mL infusion **INTERVAL: Every 4 weeks** **DURATION: Until discontinued**

INTRAVENOUS, at 250 mL / hr, ONCE, for 1 dose, administer over 60 minutes.

Administer IV over 1 hour through a dedicated IV line. DO NOT administer as an IV push or bolus. BENLYSTA should not be infused concomitantly in the same intravenous line with other agents. Discontinue infusion for severe hypersensitivity reaction (eg, anaphylaxis, angioedema). The infusion may be slowed or temporarily interrupted for minor reactions.

Dose: _____

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



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Infusion Therapy Plan**
ORDERS TO BE COMPLETED FOR EACH THERAPY
EMERGENCY MEDICATIONS
 Nursing communication

1. Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- Stop the infusion
- Give diphenhydramine as ordered
- Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- 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:

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

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 $70 + (2 \times \text{age in years})$
 11 years to 17 years – systolic blood pressure (SBP) less than 90
 OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
 Baseline systolic blood pressure (SBP) $\times 0.7 =$ value below defined as hypotension.

 **EPINEPHrine Injection Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

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)

- Clinically significant cardiac anomalies or dysrhythmias
 Recent acute life-threatening event
 Unexplained or acutely abnormal vital signs
 Artificial airway (stent, tracheostomy, oral airway)
 Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate

Telemetry Required: Yes No

 diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum 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: _____



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POST - PROCEDURE
 Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
 Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
 Discontinue PIV prior to discharge.

 Sodium chloride 0.9% infusion

INTRAVENOUS at 0 - 25 mL / hr. ONCE, for 1 dose.

Dose: _____

(circle one):
 MD DO

 Signature of Provider

 Credentials

 Date

 Time

 Printed Name of Provider