



Patient Name: _____

Date of Birth: _____

PHYO

CMC84595-002NS Rev. 5/2022

Omalizumab 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** **Nursing communication**

Check for recent coughing or wheezing by history. With the first 3 omalizumab injections, perform targeted lung exam to assess for coughing or wheezing prior to the injection and every 30 minutes.

INTRA - PROCEDURE

Please select all appropriate therapy

 Nursing Communication

Contact provider prior to injection if there is wheezing or coughing on exam.

 Nursing communication

Monitor patient for signs of injection reaction as follows:

First 3 injections - monitor for 2 hours

4th injection and after - monitor for 30 minutes

 Physician communication order

Please select the appropriate omalizumab order below based on initial weight and IgE status.

 omalizumab syringe 150 mg (based on syringes from outside pharmacy)

150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks**INTRA - PROCEDURE****SPLIT DOSE 225 mg (based on syringes from outside pharmacy)** **omalizumab syringe 225 mg dose (split dose)****omalizumab syringe 75 mg**

75 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks**omalizumab syringe 150 mg**

150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks**SPLIT DOSE - 300 mg (based on syringes from outside pharmacy)** **omalizumab syringe 300 mg dose (split dose)****omalizumab syringe 150 mg**

150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks**omalizumab syringe 150 mg**

150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks



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Omalizumab Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

SPLIT DOSE - 375 mg (based on syringes from outside pharmacy)

omalizumab syringe 375 mg dose (split dose)

omalizumab syringe 75 mg
75 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 2 weeks

omalizumab syringe 75 mg (based on syringes from outside pharmacy)
75 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

omalizumab syringe 150 mg (based on syringes from outside pharmacy)
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

SPLIT DOSE - 225 mg (based on syringes from outside pharmacy)

omalizumab syringe 225 mg dose (split dose)

omalizumab syringe 75 mg
75 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

SPLIT DOSE - 300 mg (based on syringes from outside pharmacy)

omalizumab syringe 300 mg dose (split dose)

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

SPLIT DOSE - 375 mg (based on syringes from outside pharmacy)

omalizumab syringe 375 mg dose (split dose)

omalizumab syringe 75 mg
75 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

omalizumab syringe 150 mg
150 mg, SUBCUTANEOUS, ONCE

INTERVAL: Every 4 weeks

Key: cm = centimeter; IgE = immunoglobulin E; IV = intravenous; IVAD = implantable venous access device; IVIG = intravenous immunoglobulin; 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 = polyvinyl chloride



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INTRA - PROCEDURE, CONTINUED

Therapy appointment request

Please select department for the therapy appointment request:

Expires in 365 days.

Dallas Allergy Plano Infusion Center

EMERGENCY MEDICATIONS - Dallas Allergy Clinic (Provider In Clinic)

Nursing communication

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

PATIENT IS HAVING A DRUG REACTION:

- Stop the infusion or if applicable do not give further injection(s).
- Give cetirizine as ordered.
- Check heart rate, respiratory rate and blood pressure (BP) once and then 15 minutes after treatment.
- 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 or if applicable do not give further injection(s).
- Give epinephrine as ordered.
- Notify provider.
- Check heart rate, respiratory rate and blood pressure (BP) once and then 15 minutes after treatment.
- Connect patient up to monitor (cardiac / apnea, blood pressure (BP) and oxygen saturation), if not already on one.
- Give cetirizine once as needed for hives.
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation.
- May give albuterol as ordered for coughing or wheezing - continue to monitor oxygen saturation.
- Repeat vitals prior to discharge.

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 more than 30% from baseline.
 Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

EMERGENCY MEDICATIONS Plano Infusion Center (No provider in clinic)

Nursing communication

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

PATIENT IS HAVING A DRUG REACTION:

- Stop the infusion or if applicable do not give further injection(s).
- Give cetirizine as ordered.
- Check heart rate, respiratory rate and blood pressure (BP) once and then 15 minutes after treatment.
- Connect patient to monitor (cardiac / apnea, blood pressure (BP) 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 or if applicable do not give further injection(s).
- Call code - do not wait to give epinephrine.
- Give epinephrine as ordered.
- Notify provider.
- Check heart rate, respiratory rate and blood pressure (BP) every 5 minutes until the code team arrives.
- Connect patient up to monitor (cardiac / apnea, blood pressure (BP) and oxygen saturation), if not already on one.
- Give cetirizine 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 coughing or wheezing - continue to monitor oxygen saturation.



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ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS Plano Infusion Center (No provider in clinic), 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 (SBP) less than 90 OR
- Any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

EMERGENCY MEDICATIONS

EPINEPHrine Injection
(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: 0.15 mg (Epi-pen JR) 0.3 mg (Epi-pen)

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

Cetirizine solution

ORAL, ONCE PRN, for hives or cutaneous reaction, starting when released, for 1 dose

Dose: 5 mg 10 mg

Albuterol for aerosol

2.5 mg INHALATION, ONCE PRN, for cough or wheezing, may administer nebulizer or inhaler for 2 doses

Albuterol inhaler

2 puffs, INHALATION, ONCE PRN, for coughing or wheezing, may administer nebulizer or inhaler for 2 doses

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider