



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC84595-001NS Rev. 11/2020**Omalizumab - 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<sup>2</sup>)
- 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**
- Nursing communication**  
Check for signs and symptoms of asthma exacerbation and lung exam.

**INTRA - PROCEDURE**

Please select all appropriate therapy

- Nursing Communication**  
Prior to injection, if there is wheezing or coughing on exam, contact provider and give albuterol nebulizer x 1, then if cleared, administer xolair
- Albuterol for aerosol**  
2.5 mg, INHALATION, ONCE PRN, wheezing, or coughing
- 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 xolair order below based on initial weight and IgE status.

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

**INTRA - PROCEDURE****INTERVAL****SPLIT DOSE 225 mg (based on syringes from outside pharmacy)**

- omalizumab syringe 225 mg dose (split dose)**
- |  |               |
|--|---------------|
| <b>omalizumab syringe 75 mg</b><br>75 mg, SUBCUTANEOUS, ONCE,  | Every 2 weeks |
| <b>omalizumab syringe 150 mg</b><br>150 mg, SUBCUTANEOUS, ONCE | Every 2 weeks |



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**Omalizumab - Therapy Plan****ORDERS TO BE COMPLETED FOR EACH THERAPY**

INTRA-PROCEDURE	INTERVAL
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**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

Every 2 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

Every 2 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

Every 2 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

Every 2 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

Every 2 weeks

 **omalizumab syringe 75 mg (based on syringes from outside pharmacy)**

75 mg, SUBCUTANEOUS, ONCE

Every 4 weeks

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

150 mg, SUBCUTANEOUS, ONCE

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

Every 4 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

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

Every 4 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

Every 4 weeks



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INTRA - PROCEDURE	INTERVAL
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**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

Every 4 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

Every 4 weeks

**omalizumab syringe 150 mg**  
150 mg, SUBCUTANEOUS, ONCE

Every 4 weeks

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

Expires in 365 days.

- DAL Special Procedures  
 Plano Infusion Center  
 DAL Allergy  
 DAL Transplant  
 DAL Neurology

**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 vitals including blood pressure every 5 minutes until further orders from provider.
- Connect patient up 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 vitals including blood pressure every 5 minutes until the code team arrives.
- Connect patient up 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 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.



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**Omalizumab - Therapy Plan**

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**EMERGENCY MEDICATIONS, CONTINUED**

**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 to age specified limits

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, 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:** \_\_\_\_\_

(circle one):  
MD DO

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Provider