



Patient Name: _____
 DOB: _____
 Date of Last Infusion _____
 Insurance: _____

Clinic Location:
 Merrimack, NH
 Concord, NH

Nucala® (mepolizumab) Orders

Diagnosis (please provide ICD-10 code in space provided): _____ Severe Persistent Asthma <small>(ICD-10)</small>		_____ EGPA <small>(ICD-10)</small>	
_____ Other: _____ <small>(ICD-10)</small>			
Provider: Is patient required to carry epinephrine auto-injector? <input type="checkbox"/> Yes, patient has been provided epinephrine auto-injector and has been educated on its use. <input type="checkbox"/> No, patient does not require epinephrine auto-injector.			
Patient Weight: _____		IgE Result/Date: _____	

Nursing Orders:

- Hold Nucala and notify provider if patient reports current parasitic infection.
- Observation period required; see below.
- If indicated by provider above, confirm patient has epinephrine auto-injector and understands indications for use.

Administer Nucala _____ mg subcutaneously . Divide doses exceeding 100 mg among multiple injection sites to limit injections to not more than 100 mg per site.
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Observation Period:

- Following first three injections, monitor patient for post-injection observation period of 2 hours. For all subsequent injections, monitor patient for 30 minutes.
- Record vital signs prior to discharge.
- If patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol to include administration of epinephrine 0.3 mg IM STAT.

Frequency:

Every _____ weeks

Additional Orders:

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____