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| --- | --- | --- | --- |
| **Patient:**  **FASENRA (benralizumab)** | | | **DOB:** |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | |
| **Required lab results and/or tests prior to scheduling:**  N/A | | | |
| **ICD 10/Primary Diagnosis:** | | **ICD10/Secondary Diagnosis:** | |
| **Height:** | **Weight:** | **Allergies:** | |
| **Infusion Therapy** | | | |
| **Initiation of therapy:**  Fasenra (benralizumab) **30 mcg** SQ every **4 weeks** x 3 doses  **Maintenance dose**  Fasenra (benralizumab) **30 mcg** SQ every **8 weeks**  **Total number of requested doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Frequency/Interval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **PRN MEDS:**  N/A | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Nursing Communication/Orders** | | | |
| * Obtain vital signs pre-injection and post-injection PRN. | | | |