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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:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nursing Communication/Orders** |
| * Obtain vital signs pre-injection and post-injection PRN.
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