



Mepolizumab (Nucala)

Patient and Physician Information

Patient Name:	Date of Birth:	Patient Phone Number:
Physician Name:	Office Phone Number:	Fax Number:
Insurance:	Group Number:	Policy Number:
Hospitalization Status:	Patient Weight (kg):	Height (inches):
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
Allergies:		

Send patient demographics/insurance, clinical notes, and test results with orders

Diagnosis Code/Description for treatment:

- ☐ Pulmonary Eosinophilia, not elsewhere classified (J82)
- ☐ Severe persistent asthma, uncomplicated (J45.40)
- ☐ Severe persistent asthma, with (acute) exacerbations (J45.41)

Orders

- ☒ Mepolizumab (Nucala) 100 MG SUBCUTANEOUSLY ONCE EVERY 4 WEEKS (J2182 : 1 MG = 1 unit)

Infusion Reaction

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

Discharge

- ☒ Discharge home 30 minutes after treatment complete if stable.

Date and Physician Signature

DATE: _____
10082512

TIME: _____

PHYSICIAN'S SIGNATURE