



Mankato Clinic

Together we thrive.

ADULT AMBULATORY INFUSION ORDER

Eculizumab (SOLIRIS)

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Date: ____/____/____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Lab Results
 H & P Relevant to Diagnosis Last infusion note Current Medications

PATIENT INFORMATION

Allergies: _____

Weight: _____ lbs/kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: ____/____/____

Phone: (____)____-____ Fax: (____)____-____

Office Address: _____

Contact Person: _____

Meningococcal Polysaccharide Vaccine given

Date: ____/____/____

Copy Attached

LABS:

CBC w/diff EVERY infusion every OTHER infusion other: _____

CMP EVERY infusion every OTHER infusion other: _____

Urine Micro EVERY infusion every OTHER infusion other: _____

Other: _____ EVERY infusion every OTHER infusion other: _____

No labs needed

PRE-MEDICATIONS:

Diphenhydramine: IV 50mg

Acetaminophen: PO 1000 mg

Solu-Medrol: IV 1000 mg

Other: _____

No Pre-Medications

30 minutes wait time following pre-medications

Atypical hemolytic uremic syndrome (aHUS)

Initial doses: eculizumab (SOLIRIS) 900 mg in NaCl 0.9% 90 mL, intravenous, ONCE every week x 4 doses

Maintenance doses: eculizumab (SOLIRIS) 1200 mg in NaCl 0.9% 120 mL, intravenous, ONCE every 2 weeks x _____ doses, begin on week 5

Infuse over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours

Paroxysmal nocturnal hemoglobinuria (PNH)

Initial doses: eculizumab (SOLIRIS) 600 mg in NaCl 0.9% 60 mL, intravenous, ONCE every week x 4 doses

Maintenance doses: eculizumab (SOLIRIS) 900 mg in NaCl 0.9% 90 mL, intravenous, ONCE Every 2 weeks x _____ doses, begin on week 5

Infuse over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours

Generalized Myasthenia Gravis, Refractory

Initial doses: eculizumab (SOLIRIS) 900 mg in NaCl 0.9% 90 mL, intravenous, ONCE every week x 4 doses

Week 5: eculizumab (SOLIRIS) 1200 mg in NaCl 0.9% 120 mL, intravenous, ONCE

Maintenance dose: eculizumab (SOLIRIS) 1200 mg in NaCl 0.9% 120 mL, intravenous, Every 2 weeks _____ doses.

Infuse over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours.