ADVANCED
INFUSION CENTER

Benlysta Infusion Orders

Patient Name: _____DOB: _____

Patient Weight: _____KG (required)

Allergies: _____

Diagnosis: ___ Systemic Lupus Erythematosus (ICD 10 M32.9) ___Lupus Nephritis (ICD10 M32.14)

Medication Order:

___ Initial Dose: 10 mg/kg IV at 0, 14 days, 28 days, then every 28 days thereafter x1 year

___ Maintenance: 10 mg/kg IV every 28 days x 1 year

Pre-Medications:

___ Tylenol 1000 mg PO
___Loratadine 10 mg PO
___Benadryl 25 mg PO
___Solu-Medrol _____mg IVP
___ pre/post hydration Normal Saline 250ml over 30 minutes

Lab orders:

_____

Nursing Orders:

- Vital signs before and after infusion
- Administer Benlysta over 60 minutes.
- Monitor for signs and symptoms of hypersensitivity.

Hypersensitivity Reaction Protocol:

- Hold Benlysta and give 250ml NS bolus.
- Benadryl 25 mg IVP
- Solu-Medrol 125mg IVP
- Call Physician

Physician Signature: _____ Date: _____

Physician Name (please print): _____

Office number: Fax:

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