ADVANCED
INFUSION CENTER

Saphnelo Infusion Orders

Patient Name:_____DOB:_____

Allergies:_____

Diagnosis: Systemic Lupus Erythematosus IVD 10 code M32.9

Patient Weight:_____KG (required) Allergies: _____

Medication Order:

Saphnelo 300 mg IV every 4 weeks.

Pre-Medications:

___ Tylenol 1000 mg PO ___Solu-Medrol _____mg IVP

___Loratadine 10 mg PO ___ pre/post hydration Normal Saline 250ml over 30 minutes

___Benadryl 25 mg PO

Lab orders:

_____

Nursing Orders:

- Vital signs before and after infusion
- Administer Saphnelo over 30 minutes.
- Monitor for signs and symptoms of hypersensitivity.

Hypersensitivity Reaction Protocol:

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

Lab Orders: _____

Physician signature: Date:

Physician name: Phone:

4362 Auburn Blvd., Sacramento, CA 95841
1215 Plumas St. Ste 1300B Yuba City, CA 95991
Ph: 916-678-5840 Fax: 916-678-5839