



# Oregon Medical Group Infusion Center

1007 Harlow Road, Springfield, Oregon 97477

Phone: 541-741-0387 Fax: 541-242-4634

## Anifrolumab (Saphnelo) Orders

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock
3. Administer Saphnelo 300 mg IV every 4 weeks. Dilute in 100mL 0.9% Sodium Chloride and administer over 30 minutes.
4. Flush with 25 mL of 0.9% Sodium Chloride upon completion of the infusion.
5. Pre-medications to be given 30 minutes prior to infusion (optional)

OMG Infusion Center Pre-Medication Protocol

**OR**

Administer the following routine pre-medications prior to each infusion

Acetaminophen (Tylenol) 650 mg PO

Antihistamine (Select one)

Diphenhydramine (Benadryl) 25 mg PO

Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins

Loratadine (Claritin) 10 mg PO

Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min

Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min

Ondansetron 4 mg IV **OR**  Ondansetron 8 mg IV

Other: \_\_\_\_\_

6. For infusion reaction (**Must select one to be considered a complete order**)

Acute Infusion Reaction Protocol

Other \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NO PROVIDER STAMPS) (Orders expire after 365 days)

Provider's Printed Name: \_\_\_\_\_ Time: \_\_\_\_\_