

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

- NL Infusion Care, AR Gould, Presque Isle
NL Infusion Care, Blue Hill
NL Infusion Care, CA Dean, Greenville
NL Infusion Care, Brewer
NL Infusion Care, Waterville
NL Mary Dow Center, Ellsworth
NL Infusion Care, Mayo, Dover-Foxcroft
NL Mercy Cancer Care, Portland
NL Infusion Care, SVH, Pittsfield

OUTPATIENT OMALIZUMAB (XOLAIR)
ORDERS

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- Diagnosis: Moderate/Severe Asthma
History of Peanut Allergy
History of Latex Allergy
Other:

ICD10:

Height: cm Weight: kg

Medication:

- Wait for lab results before administering Omalizumab
Omalizumab (Xolair) mg subcutaneous every:
2 weeks
4 weeks
75 - 375 mg dose is determined by IgE level by the provider
Maximum dose per site is 150 mg
Dose larger than 150 mg must be given in divided doses and in different sites
Repeat above dosing for:
3 months
6 months
1 year

Patient will wait 2 hours post injection before discharge for first 3 doses, then subsequent injections, patient will:

- Be immediately discharged
Wait minutes before discharge

Patient carries Epi-Pen: Yes No

Other:



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Date: Time:
Provider Signature: Print Name:
Phone: Fax:
Pharmacy Signature: