

Northern Light Infusion Center, Brewer
Phone: (207) 973-9785 Fax: (207) 973-9788

Northern Light Maine Coast, Mary Dow Infusion Center
Phone: (207) 664-5584 Fax: (207) 664-5485

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

**OUTPATIENT MEPOLIZUMAB (NUCALA)
ORDERS**

Page 1 of 1

Diagnosis: Severe Asthma **ICD10:** _____
 Eosinophilic Granulomatosis with polyangiitis (EGPA)

IV Access:

- Saline Lock:
 Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 Discontinue Saline Lock after therapy completed
- PICC Line:
 Routine PICC Line Care, labs and restoration (Refer to Policy #26.802 & #26.807)
 Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- Porta cath / Central Access Device (Hickman, Triple lumen):
 Porta cath access, labs, restoration and de-access (Refer to Policy #26.902) / Central Access Device use and care (Refer to Policy #26.102)

Height: _____ cm **Weight:** _____ kg

Medication:

For Asthma:

- mepolizumab (Nucala) 100 mg/mL, Soln, Subcutaneous
Frequency: Every 4 weeks Other _____
Duration: 6 months 1 year

For EGPA:

- mepolizumab (Nucala) 300 mg/3 mL, Soln, Subcutaneous, (in 3 separate 100 mg/mL subcutaneous injections)
Frequency: Every 4 weeks Other _____
Duration: 6 months 1 year

Other: _____



100000067

Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
March 2019 (Header updated July 2020)