

☐ 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**

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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: _____

_____

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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)