



Outpatient Infusion Center
Nucala Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

- Fax front/back of insurance card
Fax patient demographics
Fax clinical/progress notes
Fax current medication list
Fax labs
Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- J45.5 Severe Persistent Asthma
J45.50 Severe Persistent Asthma, uncomplicated
J45.51 Severe Persistent Asthma with Acute Exacerbation
J45.52 Severe Persistent Asthma with Status Asthmaticus
J82 Pulmonary Eosinophilia, Not elsewhere classified
M30.1 Polyarteritis with lung involvement (Churg-Strauss)
Other: DX:

Clinical Information:

- New Therapy Induction
Patient Weight: lbs/ kg
Allergies:
Therapies Tried and Failed:
TB Test: Date: Results:
Hep B Test: Date: Results:
Has the patient had a positive skin test to perennial aeroallergen?
Has the patient had a positive RAST test?
Has the patient pre-treatment IgE serum?
Does the patient have venous access? If No, initiate IV access.

Lab Orders

- CBC w/o diff
CMP
ESR
CRP
Total IgE
Other:

Lab Orders to be done by

- Referring Provider

Prescription Information

- Nucala
Dose: 40mg (ages 6 to 11 years)
Dose: 100mg
Dose: 300mg
Frequency: every 4 weeks

Misc Orders

- PICC/Midline/CAD dressing to be changed every 7 days
Flushes
10mL NS Flush Syringe PRN
Heparin 500units/5mL Flush Syringe PRN
50ml NS Bag PRN
250ml NS Bag PRN

Standing Orders for Adverse Reaction

- Stop infusion and initiate NS bolus
Notify Supervising physician and ordering provider
Solu-Cortef 100mg SIVP signs of adverse reaction
Benadryl 25 mg SIVP for hives or bronchial inflammation
Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Oxygen 2-5L nasal cannula
Albuterol 2.5mg inhaled PRN to chest tightness

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

