

## Provider Communication

		Interval	Defer Until	Duration
<input type="checkbox"/> Provider communication	Verify that the patient received the pneumococcal vaccine 2 weeks prior to starting treatment. If not, please order the vaccine for administration, and start prophylaxis antibiotics.	Every visit	S	Until discont'd

@IMM@

## Labs

		Interval	Defer Until	Duration
<input type="checkbox"/> CBC with platelet and differential STAT, Status: Future, Expires: S+366, Clinic Collect		Every visit	S	Until discont'd
<input type="checkbox"/> Comprehensive metabolic panel STAT, Status: Future, Expires: S+366, Clinic Collect		Every visit	S	Until discont'd

## Nursing Orders

		Interval	Defer Until	Duration
<input type="checkbox"/> Insert Peripheral IV or Access Portacath Details		Every visit	S	Until discont'd
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Details		Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% flush 10 mL 10 mL, intravenous, PRN, line care, Starting S, For 10 Doses		Every visit	S	Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, at 30 mL/hr, PRN, Flush bag, Starting S		Every visit	S	Until discont'd
<input type="checkbox"/> Discontinue IV Details		Every visit	S	Until discont'd

## Pre-Medications

		Interval	Defer Until	Duration
<input type="checkbox"/> diphenhydramine (BENADRYL) injection 25 mg 25 mg, intravenous, every 6 hours PRN, itching, Starting S		Every visit	S	Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, once, Starting S, For 1 Doses		Every visit	S	Until discont'd

## Medications

		Interval	Defer Until	Duration
<input type="checkbox"/> eculizumab (SOLIRIS) infusion (RESTRICTED) 600 mg 600 mg, intravenous, once, Starting S, For 1 Doses Induction: 600 mg weekly for 4 doses. This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?		1 time a week	S	4 treatments
<input type="checkbox"/> eculizumab (SOLIRIS) infusion (RESTRICTED) 900 mg 900 mg, intravenous, once, Starting S, For 1 Doses Maintenance: 900 mg at week 5, then 900 mg every 2 weeks. This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?		Every 2 weeks	S+34	Until discont'd

## Hypersensitivity

		Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Starting S		PRN	S	Until discont'd
<input type="checkbox"/> diphenhydramine (BENADRYL) tablet 25 mg 25 mg, oral, every 6 hours PRN, itching, Starting S		PRN	S	Until discont'd

		Interval	Defer Until	Duration
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, intravenous, once PRN, itching, for minor infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 50 mg 50 mg, intravenous, once PRN, itching, for severe infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/>	epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.5 mg 0.5 mL, subcutaneous, once PRN, anaphylaxis, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/>	hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, once PRN, for infusion reaction, Starting S, For 1 Doses	PRN	S	Until discont'd
<input type="checkbox"/>	promethazine (PHENERGAN) tablet 25 mg 25 mg, oral, every 6 hours PRN, nausea, vomiting, Starting S	PRN	S	Until discont'd
<input type="checkbox"/>	sodium chloride 0.9% infusion 250 mL 250 mL, intravenous, once PRN, Hydration, Starting S, For 1 Doses	PRN	S	Until discont'd