1. **ALLERGIES/REACTIONS:**

2. **DIAGNOSIS:** ☐ Systemic Lupus Erythematosus (SLE)
   
   **DIAGNOSIS/ICD-CM CODE(S):**

3. Height: _________ cm   Weight: ________________ kg

4. Assess patient for signs and symptoms of acute infections and notify physician if present. Patients with new onset or worsening of depression, suicidal thoughts, or abrupt changes in mood, assess patient and notify physician.

5. Current medications used to treat SLE: ____________________________________________________________

   **Call physician** if patient is concomitantly receiving medications such as azathioprine, cyclophosphamide, rituximab, or other biologics as these drugs can increase immunosuppression

   Previous medications to treat SLE in the last year ______________________________________________________

6. **LABS:**

   ☐ Baseline labs prior to the first infusion, within 2 weeks of treatment- Hemogram, CMP, UA, Urine HCG for women in their childbearing years

   ☐ Prior to subsequent doses: Hemogram, Creatinine, urine dipstick for protein

   **FOR ANY LAB VALUE OUT OF RANGE AS NOTED BELOW, HOLD DOSE AND CONTACT PHYSICIAN FOR FURTHER ORDERS:**

   - WBC is less than 2,000 and/or platelet count less than 50,000
   - Protein 3+ or greater in urine
   - Positive urine HCG

7. **BELIMUMAB (BENLYSTA):** [mix only in 0.9% sodium chloride (Normal Saline)]

   ☐ 10 mg/kg IV over 1 hour every 2 weeks for the first 3 doses

   **THEN**

   ☐ 10 mg/kg IV over 1 hour every 4 weeks thereafter

Physician Initial: __________________________

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**FRANCISCAN HEALTH SYSTEM**
St. Joseph Medical Center, Tacoma, WA
St. Francis Hospital, Federal Way, WA
St. Clare Hospital, Lakewood, WA
St. Elizabeth Hospital, Enumclaw, WA
St. Anthony Hospital, Gig Harbor, WA

**PHYSICIAN ORDERS**
BELIMUMAB (BENLYSTA), OUTPATIENT
8. OTHER MEDICATIONS:
☐ Pre-medications: Give 30 minutes prior to infusion
  A. ☐ Acetaminophen (Tylenol) 650 mg PO
     LIMIT THE TOTAL DOSE OF ALL ACETAMINOPHEN CONTAINING PRODUCTS TO 3,000 MG PER DAY
  B. ☐ Diphenhydramine (Benadryl) 25 mg PO
     C. ☐ Other _________________

☒ Nurse May Initiate CVAD Management Per Nursing Protocol #910.00
☒ Nurse May Utilize Local Anesthetic For CVAD Access Per Nursing Protocol #788
☒ Nurse May Initiate IV Catheter Care, Outpatient Physician Order #858
☒ For Infusion Reactions Initiate Drug Related Hypersensitivity Physician Order #774

9. VITAL SIGNS
☒ Pre, post and 30 minutes after completion of dose
  • Call physician if:
    Systolic blood pressure less than ___________ mmHg
    Pulse greater than _______________________
    Temperature greater than _________________ °C

10. PATIENT EDUCATION
☒ Educate childbearing patients on avoiding getting pregnant while receiving belimumab (Benlysta)
☒ No live vaccines while receiving belimumab (Benlysta)
☒ Provide patient with medication guide at the 1st treatment. Review as needed on subsequent visits.

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S SIGNATURE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. ☐