EMORY HEALTHCARE

PHYSICIAN'S ORDERS

Therapy: Anifrolumab Monthly

[Place patient sticker here]

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ ☐ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m^2): _____

ALLERGIES/Sensitivities: ☐ NKDA or ☐ _____

Start Date (at least 1 wk from today)**:** _____ ☐ **Urgent (Call Infusion Center)**

Treatment Department: ☒ EHW OP Infusion

Appointment Requests: *Tolerance:* ☒ Schedule appointment at most 5 days before or at most 5 days after
☐ Appointment Request – 2 hours Every 28 days

Treatment Conditions (Administer Treatment If): ☐ Once on Day 1
☐ Okay to treat. Include details here:

Labs: *Lab (if selected) will be done as per appointment frequency selected above (unless specified)*

Pre Transfusion Labs:

☐ CBC & Diff	☐ Every 84 days
☐ Comprehensive Metabolic Panel	☐ Every 84 days
☐ Anti double stranded DNA	☐ Every 84 days
☐ C3 Complement Level	☐ Every 84 days
☐ C4 Complement Level	☐ Every 84 days
☐ Urinalysis Microscopic	☐ Every 84 days
☐ Creatinine Urine Random	☐ Every 84 days
☐ Protein Urine Random	☐ Every 84 days
☐ QuantiFERON-TB Gold Plus	☐ Once
☐ T-Spot Tuberculosis Test	☐ Once

Pre-Medications: ☒ *Every 28 days*
☒ *Instructions: Give at least 30 minutes after treatment start time*

☐ Acetaminophen tablet 650 mg, oral, Once

☐ DiphenhydrAMINE 25mg, once (choose one) ☐ tablet, Oral ☐ injection, IV

Supportive Care: ☒ *Every 28 days*

☒ Sodium chloride 0.9% prime bag 250 ml
250 ml, intravenous, at 0-999, PRN as needed, Prime Bag

Medications: ☒ *Every 28 days*

☐ Anifrolumab-fnia (Saphnelo) 300 mg in
Sodium chloride 0.9% 98mL IVPB

Emergency Medications ☒ *PRN*

☒ Hypersensitivity reaction protocol
Protocol Document: https://emory.ellucid.com/documents/view/15307/15641

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional		**Attending Physician**	
Print Name:		Print Name:	
Signature		Signature	
Date		Date	
Contact #		Contact #	