



INFUSION SUITE		BENLYSTA INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> +ANA: _____	<input type="checkbox"/> SELENA-SLEDAI Scale		
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
BENLYSTA ORDERS			
<input type="checkbox"/> Benlysta	10mg/kg over 60 minutes week 0, week 2, week 4		
<input type="checkbox"/> Benlysta	10mg/kg over 60 minutes every 4 weeks X _____		
Dosing Calculator:	https://www.benlystahcp.com/dosing/vial-calculator/?&siteredirect=gskpro-benlysta		
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home after 1 hour observation time			
<input type="checkbox"/> Discharge home without 1 hour observation time			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

***Credentials must be included**

Infusion Directions:

***DO NOT SHAKE**

- Remove vial and allow to come to room temp before administration
- 120mg vial – reconstitute with 1.5mL Sterile Water / 400mg vial – reconstitute with 4.8mL Sterile Water
- Direct the stream of Sterile Water toward the side of the vial to minimize foaming. Gently swirl for 60 seconds
- Allow to site, gently swirling for 60 seconds every 5 minutes until powder is dissolved (typically 10-15 minutes)
- Withdraw a volume of NS equal to the volume of the Benlysta dose from the infusion bag
- Add ordered dose of Benlysta to the NS infusion bag, gently invert to mix
- Discard and document any drug waste
- Infuse over 60 minutes (no filter required for tubing)