



INFUSION SUITE		CINQAIR INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:	<input type="text"/>	DOB:	<input type="text"/>
<b>MEDICAL INFORMATION</b>			
ICD10:	<input type="text"/>	Patient Height:	<input type="text"/>
Patient Weight (kg):	<input type="text"/>	Allergies:	<input type="text"/>
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
Additional labs:	<input type="text"/>		
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<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:	<input type="text"/>		
<b>CINQAIR ORDERS</b>			
<input type="checkbox"/> Cinqair	3mg/kg IV every 4 weeks X <input type="text"/>	Total:	<input type="text"/> mg
<b>POST INFUSION</b>			
<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			
Referring Provider Printed:	<input type="text"/>		
Referring Provider Signature:	<input type="text"/>	Date:	<input type="text"/>
Referring Provider Phone:	<input type="text"/>	Referring Provider Fax:	<input type="text"/>
406 Provider Printed:	<input type="text"/>		
406 Provider Signature:	<input type="text"/>	Date:	<input type="text"/>

*\*Credentials must be included*

**Infusion Directions:**

- Remove vial and allow to come to room temp before administration
- Withdraw proper volume of Cinqair from the vial(s) based on recommended weight-based dosage.
- Inject Cinqair into 50mL NS, gently invert to mix.
- Discard and document any waste
- Infuse with filter tubing 0.2micron over 20-50-minute period.
- Infusion time may vary depending on the total volume to be infused as based on patient weight.

Dose Calculator: <https://hcp.cinqair.com/dosage-and-administration.aspx>