



**406
ARTHRITIS
CLINIC**

Get back to your 406 life!

INFUSION SUITE		NUCALA INJECTION 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:	<input type="text"/>	DOB:	<input type="text"/>
MEDICAL INFORMATION			
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			
REQUIRED TESTING			
Additional labs:	<input type="text"/>		
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:	<input type="text"/>		
NUCALA ORDERS			
<input type="checkbox"/> Severe Asthma age 12 or over	<input type="text"/>	100mg subcutaneous every 4 weeks X <input type="text"/>	
<input type="checkbox"/> Severe Asthma age 6-11	<input type="text"/>	40mg subcutaneous every 4 weeks X <input type="text"/>	
<input type="checkbox"/> For EGPA or HES	<input type="text"/>	300mg subcutaneous every 4 weeks X <input type="text"/>	
* 3 separate 100mg injections for EGPA or HES 300mg dose			
POST INJECTION			
<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**

Injection Directions:

- Reconstitute Nucala with 1.2mL Sterile Water for Injection using a 2-3mL syringe and 21G needle
- The reconstituted solution will contain a concentration of 100mg/mL
- Gently swirl the vial for 10 seconds with a circular motion at 15 second intervals until the powder is dissolved
- Remove the reconstituted Nucala using a new 1mL syringe with 21G to 27G 0.5" needle
- Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm