



**406
ARTHRITIS
CLINIC**

Get back to your 406 life!

INFUSION SUITE		SOLIRIS INFUSION ORDERS	
406 Arthritis Clinic LLC		Phone: 406-345-0211	Fax: 747-205-0742
2409 Arnold Ln Ste 9 Billings, MT 59102			
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"/> AChR+ result: _____	<input type="checkbox"/> Meningococcal Vaccine: _____ <i>*NMOSD Patients +Anti-AQP4 antibodies</i>		
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"/> Loratidine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
SOLIRIS ORDERS			
<input type="checkbox"/> Initial:	Soliris 900mg IV in 90mL NS over 35 minutes weekly X 4 weeks		
<input type="checkbox"/> Maintenance:	Soliris 1200mg IV in 120mL NS over 35 minutes on week 5, then every 2 weeks X _____		
<i>*gMG, NMOSD, aHUS patients over 18 yo</i>			
<input type="checkbox"/> PNH Initial:	Soliris 600mg IV in 60mL NS over 35 minutes weekly X 4 weeks		
<input type="checkbox"/> PNH Maintenance:	Soliris 900mg IV in 90mL NS over 35 minutes on week 5, then every 2 weeks X _____		
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 after 1 hour observation time			
<input type="checkbox"/> Discharge home without 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:

- Remove vial and allow to warm to room temperature
- Obtain appropriate size NS bag for dose to be administered. Remove NS to obtain required diluent volume
- Withdraw the required amount/dose of Soliris from the vial and inject into appropriate amount of diluent
- Gently invert to mix
- Infuse over 35 minutes (no filter required for tubing)

Table 3: Preparation and Reconstitution of Soliris

Soliris Dose	Diluent Volume	Final Volume
300 mg	30 mL	60 mL
600 mg	60 mL	120 mL
900 mg	90 mL	180 mL
1200 mg	120 mL	240 mL