



**406
ARTHRITIS
CLINIC**

Get back to your 406 life!

INFUSION SUITE		TEZSPIRE 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"/>		
TEZSPIRE ORDERS			
<input type="checkbox"/> Tezspire	210mg subcutaneous once every 4 weeks X <input type="text"/>		
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:

- Remove from the refrigerator and bring to room temperature 60 minutes prior to injection
- If not using a pre-filled syringe:
 - Draw up Tezspire using a 3mL syringe and 18G needle, replace needle with 25G subcutaneous needle
- Inject in the front/middle of thigh, or upper arm

Nursing Considerations:

Must have a diagnosis of Severe Asthma