



INFUSION SUITE		XOLAIR 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:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> Serum IgE: _____			
Additional labs:			
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:			
XOLAIR ORDERS			
<input type="checkbox"/> Xolair	_____mg subcutaneous once every _____ weeks X _____		
Dosing calculator: https://www.xolairhcp.com/starting-treatment/dosing.html			
POST INJECTION			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

***Credentials must be included**

Injection Directions:

- Remove pre-filled syringes and allow to sit at room temperature for at least 30 minutes; If no PFS,
- Reconstitute Xolair with 1.4mL Sterile Water for Injection using a 3mL syringe and 18G needle
- Gently swirl for 1 minute to wet powder and then gently swirl vial for 5-10 seconds every 5 minutes to dissolve
- Using a new 3mL syringe and 18G needle to withdraw required dosage, replace needle with 25G needle
- Injection may take 5-10 seconds due to viscosity
- Inject in the thigh or outer area of upper arm
- Do not administer more than 150mg per injection site
- Discard and document any wastage

Table 4. Number of Prefilled Syringes, Injections and Total Injection Volumes

XOLAIR Dose*	75 mg Syringes	150 mg Syringes	Total Volume Injected
75 mg	1	0	0.5 mL
150 mg	0	1	1 mL
225 mg	1	1	1.5 mL
300 mg	0	2	2 mL
375 mg	1	2	2.5 mL
450 mg	0	3	3 mL
525 mg	1	3	3.5 mL
600 mg	0	4	4 mL

Table 5. Number of Vials, Injections and Total Injection Volumes

XOLAIR Dose*	Number of Vials	Number of Injections	Total Volume Injected
75 mg	1	1	0.6 mL
150 mg	1	1	1.2 mL
225 mg	2	2	1.8 mL
300 mg	2	2	2.4 mL
375 mg	3	3	3.0 mL
450 mg	3	3	3.6 mL
525 mg	4	4	4.2 mL
600mg	4	4	4.8 mL