DURANGO INFUSION

| INFUSION SUITE | | FASENRA INJECTION ORDERS | |
|---|---|---|---|
| **Durango Infusion Center** | | **Phone: 970-828-3500** | **Fax: 970-828-3501** |
| **270 E 8th Ave Ste N101 Durango, CO 81301** | | | |
| **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** | | | |
| **Additional labs:** | | | |
| **PREMEDICATIONS 30 minutes prior to starting** | | | |
| ☐ **Acetaminophen:** | ☐ 325mg PO X1 | ☐ 500mg PO X1 | ☐ 650mg PO X1 ☐ 1000mg PO X1 |
| ☐ **Diphenhydramine:** | ☐ 25mg IV X1 | ☐ 25mg PO X1 | ☐ 50mg IV X1 ☐ 50mg PO X1 |
| ☐ **Methylprednisolone:** | ☐ 40mg IV X1 | ☐ 100mg IV X1 | ☐ 125mg IV X1 |
| ☐ **Antihistamine:** | ☐ Cetirizine 10mg PO X1 | ☐ Loratadine 10mg PO X1 | |
| ☐ **Additional PRN:** | | | |
| **FASENRA ORDERS** | | | |
| ☐ Loading: | Fasenra 30mg subcutaneous every 4 weeks X _____ | | |
| ☐ Maintenance: | Fasenra 30mg subcutaneous every 8 weeks X _____ | | |
| *PI recommends 3 loading doses* | | | |
| **POST INJECTION** | | | |
| ☐ Discharge home | | | |
| **Referring Provider Printed:** | | **NPI:** | |
| **Referring Provider Signature:** | | **Date:** | |
| **Referring Provider Phone:** | | **Referring Provider Fax:** | |
| **DNG Provider Printed:** | | | |
| **DNG 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
- Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm