



# Reslizumab (CINQAIR)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female

Allergies: \_\_\_\_\_

### DIAGNOSIS (ICD-10 code required):

- \_\_\_\_\_ Eosinophilic Asthma
- \_\_\_\_\_ Other: \_\_\_\_\_

### PROVIDER REMINDERS:

- All orders with a  will be placed unless otherwise noted
- **Eosinophilic** phenotype as determined by blood **eosinophils** of 400 cells/ $\mu$ L or higher prior to initiation of therapy (within 4 weeks of dosing)

### TREATMENT CRITERIA:

Hold Reslizumab (CINQAIR) if:

- *Initial dose only:* blood eosinophils **LESS THAN** 400 cells/ $\mu$ L
- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Taking antibiotics for current infection

Nursing Considerations:

- Monitor for adverse reaction including vital signs and pulse ox, at the end of infusion, and 30 minutes post infusion

## Premedications

- No routine premeditations necessary.**
- \_\_\_\_\_
- \_\_\_\_\_

## Medications

Patient Weight \_\_\_\_\_ kg (**REQUIRED**)

Infuse **Reslizumab (CINQAIR)** Intravenously over 45 minutes through an infusion set with an in-line, low protein-binding filter (pore size of 0.2 micron)

Dose:

- 3mg/kg

Frequency:

- Every 4 weeks

- IV LINE CARE** per Nursing Policy
- INFUSION REACTION MEDICATIONS** per Standardized Procedures
- TREATMENT ORDER WEIGHT** will be utilized for the duration of the order. Patient will be weighed prior to every treatment. Prescriber will be notified of weight change greater than 10% from baseline weight.

Special Instruction(s):

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Office Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_