

TEPLIZUMAB-MZWV ORDER SET

Name:

DOB:

DIAGNOSIS

ICD-10 code

Description

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Description

NURSING ORDERS

- | | |
|---|---|
| <input checked="" type="checkbox"/> Hold infusion and notify provider for: <ul style="list-style-type: none"> signs/symptoms of new or worsening CRS: <ul style="list-style-type: none"> fever, nausea, fatigue, headache, myalgia, arthralgia signs/symptoms of active infection recent vaccination <ul style="list-style-type: none"> live-attenuated vaccine within last 8 weeks inactivated or mRNA vaccine within last 2 weeks lab results outside hold parameters below | <input checked="" type="checkbox"/> Monitor vital signs at baseline, every 15 minutes, at completion, and prior to discharge.
<input checked="" type="checkbox"/> Confirm treatment day, BSA calculation, and corresponding calculated dose prior to preparation.
<input checked="" type="checkbox"/> If signs/symptoms of infusion-related reaction develop, STOP infusion and treat as clinically indicated per protocol |
|---|---|

LAB ORDERS

Lab Protocol: **STAT**: immediate processing; review before infusion **ROUTINE**: standard processing; review before next infusion

TEST

FREQUENCY

PRIORITY/REVIEW

HOLD PARAMETERS

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> AST, ALT, total bilirubin | <input type="checkbox"/> on Day 1, 3, 5, 8, 14
<input type="checkbox"/> other: | <input type="checkbox"/> STAT
<input type="checkbox"/> Routine | <ul style="list-style-type: none"> AST or ALT greater than 2x ULN bilirubin greater than 1.5x ULN |
| <input type="checkbox"/> CBC w/diff | <input type="checkbox"/> on Day 1, 3, 5, 8, 14
<input type="checkbox"/> other: | <input type="checkbox"/> STAT
<input type="checkbox"/> Routine | <ul style="list-style-type: none"> ANC less than 500 cells/μL Hgb less than 10 g/dL PLT less than 50,000/μL |
| <input type="checkbox"/> Urine HCG, qualitative | <input type="checkbox"/> on Day 1
<input type="checkbox"/> other: | <input type="checkbox"/> STAT | <ul style="list-style-type: none"> Positive result |

PREMEDICATION ORDERS

Administer at least 30 minutes prior to infusion to allow for therapeutic effect.

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> cetirizine 10 mg PO once | <input type="checkbox"/> Days 1-5 only | <input type="checkbox"/> Days 1-5; then PRN on Days 6-14 | <input type="checkbox"/> Days 1-14 |
| <input type="checkbox"/> ibuprofen 800 mg PO once | <input type="checkbox"/> Days 1-5 only | <input type="checkbox"/> Days 1-5; then PRN on Days 6-14 | <input type="checkbox"/> Days 1-14 |
| <input type="checkbox"/> acetaminophen 1000 mg PO once | <input type="checkbox"/> Days 1-5 only | <input type="checkbox"/> Days 1-5; then PRN on Days 6-14 | <input type="checkbox"/> Days 1-14 |
| <input type="checkbox"/> ondansetron 8 mg SL
may sub PO if needed based on availability | <input type="checkbox"/> Days 1-5 only | <input type="checkbox"/> Days 1-5; then PRN on Days 6-14 | <input type="checkbox"/> Days 1-14 |

MEDICATION ORDERS

Prescriber to complete at time of order:

Enter height, weight, and BSA at right. Then calculate treatment day-specific doses and enter below.

$$\sqrt{\left[\frac{\text{height (cm)}}{\text{weight (kg)}}\right] \div 3600} = \text{BSA } \underline{\hspace{2cm}} \text{ m}^2$$

Treatment Day Weight-Based Dose	Day 1 65 mcg/m ²	Day 2 125 mcg/m ²	Day 3 250 mcg/m ²	Day 4 500 mcg/m ²	Day 5 - 14 1030 mcg/m ²
ORDERED DOSE					

- ☒ Dilute ordered dose of teplizumab-mzwv in 25 mL 0.9% sodium chloride and administer over at least 30 minutes.

POST-INFUSION

- ☒ Flush admin set with 0.9% sodium chloride per protocol to ensure delivery of residual medication.
- ☒ Observe patient for 1 hour to monitor for adverse effects before discharge.
- ☒ Ensure patient receives and understands home care instructions, including signs to report and contact information for questions or urgent concerns
- ☒ Fax treatment notes to prescriber at: _____
Fax Number

Prescriber Name (print)

Signature

Date