

## MEDICATION ORDER FORM

Elotuzumab (Empliciti®)	
Patient's Surname	Given Name & Initials
Date of Birth	
_____ / _____ / _____ dd                      mm                      yyyy	
Referring Physician	
Patient's Height: _____ cm	Cycle: _____
Weight: _____ kg	
BSA: _____ m <sup>2</sup>	
<b>Pre-Medication</b>	
<input type="checkbox"/> Dexamethasone 8mg IV 45- 90 minutes pre-elotuzumab <input type="checkbox"/> Diphenhydramine 25 - 50 mg PO/IV 30-60 minutes pre-elotuzumab <input type="checkbox"/> Ranitidine 50 mg PO/IV 30-60 minutes pre-elotuzumab <input type="checkbox"/> Acetaminophen 650mg – 100mg PO/ 30-60 minutes pre-elotuzumab <input type="checkbox"/> Other .....	
<ul style="list-style-type: none"> <li>▪ Hydration/IV solution: NS TKVO on day 1 of each cycle</li> <li>▪ Monitor vitals (BP, pulse, respiration, temperature) every 15 mins. For the 1<sup>st</sup> hour or until stable and then every hour until infusion completed. Have an adverse reaction kit available. Keep IV line in and observe Pt for 1 hr after end of infusion. If complications occur during infusion, observe patient for 2 hrs. after the end of infusion. If Pt experiences transient fevers or rigors during infusion, STOP infusion and observe. Inform physician and treat as ordered. Once stable, restart infusion at ONE-HALF the previous rate.</li> </ul>	
<b>Medication prescribed:</b>	
<p>🍏 (Cycles 1,2) Elotuzumab ..... mg (10 mg/kg) IV in 250 mL NS weekly for 4 weeks</p> <p>🍏 (Cycle &gt;3) Elotuzumab .....mg (10 mg/kg or.....mg/kg) IV in 250 mL in NS every 2 weeks</p>	
<p><b>Please note a new medical order form is required each for every 4 treatments.</b></p>	
<b>Scheduling (For Provis Use Only)</b>	
Tx 1: _____	Tx 2: _____
Tx 3: _____ (if necessary)	Tx 4: _____ (if necessary)
<b>Referring Physician's Signature</b>	
_____ / _____ / _____ dd                      mm                      yyyy	
<b>Signature of Provis Physician</b>	
_____ / _____ / _____ dd                      mm                      yyyy	