Lake Charles Memorial Health System

1PO

PO_OUTPATIENT XOLAIR ORDERS
Last Revised: 04/07/2022

OUTPATIENT XOLAIR ORDERS:

Name: _____ DOB _____

Height: _____ Weight: _____ (kg) Allergies: _____

_____Assign as Outpatient

Choose desired agent:

_____Omalizumab (Xolair) _____mg SQ every _____weeks. Do not administer more than 150 mg per injection site.

Diagnosis Codes:
_____J45.20 Mild intermittent asthma, uncomplicated
_____J45.30 Mild persistent asthma, uncomplicated
_____J45.40 Moderate persistent asthma, uncomplicated
_____J45.50 Severe persistent asthma, uncomplicated

Physician Signature: _____ Date/Time: _____