



OUTPATIENT CINQAIR ORDERS:

Name: _____ DOB _____ Allergies: _____

_____ Assign as Outpatient Height: _____ Weight: _____ kg

Line Care: Normal Saline 10 ml IV flush after each use
For Implanted Ports: Heparin 100 units/ml 5 ml flush after each use or prior to deaccessing

Reslizumab (Cinqair) 3mg/kg (_____ mg) IV in 50 mL NS every 4 weeks over 20-50 minutes. NS 50 mL IV bag to follow infusion of medication.

Diagnosis Codes: _____ J45.50 Severe Persistent Asthma, Uncomplicated
_____ J45.51 Severe Persistent Asthma with acute exacerbation
_____ J45.52 Severe Persistent Asthma with status asthmaticus
AND
_____ J82 Pulmonary Eosinophilia, not elsewhere classified

Physician Signature: _____ Date/Time: _____

