**Supplementary 1**

**1 UHN Lenalidonmide Oral Desensitization Order:**

1. Desensitization to start (date): \_\_\_\_\_\_\_\_\_\_\_\_\_ at (time):\_\_\_\_\_\_\_.

2. Nurse to record doses administered on the Medication Administration Record (MAR) and document any reactions in the clinical notes

3. If patient develops a reaction, page Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pager #\_\_\_\_\_\_\_\_\_) immediately.

4. Have available at the bedside: Epinephrine 1:1000 injection, Methylprednisolone Sodium Succinate 125mg injection, Diphenhydramine 50mg injection, Salbutamol metered dose inhaler and aerochamber.

Note: Have syringes and needles available for injection, if required.

5. During desensitization, monitoring of vital signs before each dose and at 5-10 minute intervals after each dose: heart rate, blood pressure, respiratory rate. Monitor patient’s temperature every hour.

6. Observe for signs of urticaria, wheezing, angioedema, and rash prior to each dose.

Inquire whether the patient is experiencing any of the following symptoms: itching or swelling of the skin, hoarseness, throat or chest tightness, swelling of the tongue or lips, difficulty breathing, abdominal pain or diarrhea.

7. WITHHOLD further doses AND contact the physician immediately if: Heart Rate > 100, Systolic Blood Pressure < 100, Respiratory Rate > 28, Temperature > 38.0°C, Signs/symptoms of an allergic reaction develop

8. When desensitization has been completed and full dose treatment is started, monitor

Vital signs: Every 30 minutes for 4 hours. Then, every 6 hours for 24 hours. Then, as per usual protocol or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Orders continue on next page….) MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_