

(alantuzamab)



# LEMTRADA Infusion Orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Phone \_\_\_\_\_

**DIAGNOSIS:** *Please provide IDC-10 Code*

- \_\_\_\_\_ Multiple Sclerosis
- \_\_\_\_\_ (Other)

**PRE-MEDICATION:**

- Tylenol 1000mg PO
- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Diphenhydramine 25mg IVP
- \_\_\_\_\_ Other
- \_\_\_\_\_ Other

**LEMTRADA ORDERS:**

DOSAGE/FREQUENCY:

- 12mg IV each day for 5 consecutive days
- 12mg IV each day for 3 consecutive days – 12 months after first treatment course
- Emergency Orders and Treatment per Specialty Infusion Center Anaphylaxis Policy**

PATIENT WEIGHT

\_\_\_\_\_ LBS  
\_\_\_\_\_ KG

PRE-MEDICATION PER PRESCRIBING INFORMATION:

- Solu-medrol 1gm for days 1-3 of each course

**NOTES:**

**Nursing Orders**

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Specialty Infusion Center policy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

**ORDERING PROVIDER:**

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Practice \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**\*\*\*PLEASE FAX COMPLETED ORDER TO SPECIALTY INFUSION CENTER 231-600-7058\*\*\***