

(ocrelizumab)

OCREVUS Infusion Orders



Patient Name _____ DOB _____ Gender: M F

Phone _____

DIAGNOSIS: *Please provide IDC-10 Code*

- _____ Multiple Sclerosis
- _____ (Other)

PRE-MEDICATION:

- Cetirizine 10mg PO
- Tylenol 1000mg PO
- _____ Other
- Solu-medrol 100mg IV 30 minutes prior to each treatment
- Diphenhydramine 50mg PO 30 minutes prior to each treatment

OCREVUS ORDERS:

DOSAGE/FREQUENCY:

- 300mg IV initial does, followed 2 weeks later by a second 300mg IV dose
- Subsequent to first 2 doses, 600mg IV dose every 6 months.
- Emergency Orders and Treatment per Specialty Infusion Center Anaphylaxis Policy**

PATIENT WEIGHT

_____ LBS
_____ KG

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*****