

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Appointment Request – Infusion – 3 hours Every 14 Days x 2

Appointment Request – Infusion – 2 hours Every 14 Days

Labs: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

Beta-HCG Quant Once on Day 1

Pregnancy Screen, Urine Qualitative Once on Day 1

Provider Communication: Order will be done as per appointment frequency

Patient should obtain a brain MRI prior to initiation of therapy, prior to 3rd dose, 5th dose, 7th dose and 14th dose of lecanemab.

Okay to treat: Please ensure that an **okay to treat order** has been placed by MD prior to releasing the following (MD must initial next to dose):

1st dose: _____ 5th dose: _____ 14th dose: _____

3rd dose: _____ 7th dose: _____

Supportive Care: Order will be done as per appointment frequency

sodium chloride prime bag 250 mL
250 mL, intravenous, at 0-999, Once as needed, Prime Bag

Medication: Every 14 days

Lecanemab-irnb 10 mg/kg
(Calculated Dose) _____ mg in NS 250 mL IVPB, intravenous, administer over: 60 minutes, Once
Infuse through an IV line containing a low-protein binding 0.2 micron in-line filter.

Emergency Medications Order will be done as per appointment frequency

Hypersensitivity reaction protocol
Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____