

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

Infusion Appointment Request – 6 Hours Every 14 days x 2 occurrences

Infusion Appointment Request – 6 Hours Every 168 days

Treatment Conditions (Administer Treatment if): Once on Day 1

Hepatitis B surface antigen and Hepatitis B core antibody NONREACTIVE (within 365 days)

Okay to treat. Include details here: _____

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

Labs _____

Nursing Orders:

Nursing Communication Every 14 days x 2 occurrences
Administer treatment if: Hepatitis B surface antigen and Hepatitis B core antibody NON-REACTIVE (within 365 days). If patient has Hepatitis B labs available within the last 5 years, draw labs day of first dose, but do not delay treatment for labs to result. If patient does not have Hepatitis B labs available within the last 5 years, contact MD

Nursing Communication
Mild to moderate: Interrupt infusion and treat per Hypersensitivity Protocol. When symptoms resolve, resume infusion at last rate.

Nursing Communication
Severe Reactions: Interrupt infusion immediately and administer supportive care as needed. Notify Physician and consider transfer to E.D.

Nursing Communication
Observe patient for possible reactions for 60 min after completion of dose

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 # _____

Name: _____
MRN: _____
DOB: _____

Pre-Medications: Initial dosing

Order will be done as per appointment frequency
 Instructions: Give at least 30 minutes prior to infusion

- Acetaminophen tablet 650 mg, oral, Once
- Diphenhydramine 50mg, once (choose one) tablet, Oral injection, IV
- Famotidine 20 mg, once (choose one) tablet, Oral injection, IV
- Ondansetron 4 mg, once (choose one) tablet, Oral injection, IV
- Montelukast tablet 10 mg, oral
- Methylprednisolone sodium succinate (PF) injection 100 mg intravenous, once

Pre-Medications: Maintenance Dosing

Order will be done as per appointment frequency
 Instructions: Give at least 30 minutes prior to infusion

- Acetaminophen tablet 650 mg, oral, Once
- Diphenhydramine 50mg, once (choose one) tablet, Oral injection, IV
- Famotidine 20 mg, once (choose one) tablet, Oral injection, IV
- Ondansetron 4 mg, once (choose one) tablet, Oral injection, IV
- Montelukast tablet 10 mg, oral
- Methylprednisolone sodium succinate (PF) injection 100 mg intravenous, once

Supportive Care:

Order will be done as per appointment frequency

- Sodium chloride 0.9% prime bag 250 ml
250 ml, intravenous, at 0-999, PRN as needed, Prime Bag

Medications:

- Ocrelizumab, 300 mg in NS 250 mL (**standard rate**),
Every 14 days x 2 occurrences
- Ocrelizumab, 600 mg in NS 250 mL over 60 min, Every 168 days
Select one: Standard Rate Rapid Infusion

Emergency Medications

Order will be done as per appointment frequency

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

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Licensed Medical Professional

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____

Print Name: _____
Signature _____
Date _____
Contact # _____