

DEMOGRAPHICS

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DOB: ___/___/___ Male Female
 Phone: _____
 SSN: _____ Ht: _____ Wt: _____

PRESCRIBING PHYSICIAN

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 License#: _____
 DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Signature: _____
 Date: _____

PHYSICIAN ORDERS

- OCREVUS (INITIAL) 300 mg/250 ml NS IV – Day 1 and Day 15**
 INFUSE PER MANUFACTURES GUIDELINES
- OCREVUS (MAINTENANCE) 600 mg/500 ml NS IV every 6 months REFILLS: ____**
 INFUSE PER MANUFACTURES GUIDELINES
- IV ACCESS**
- Peripheral IV - Flush with Normal Saline 5–10 ml with IV start and before & after medication
- Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication.
 LOCK with Heparin 500 units (100 units/ml)
- PRE-MEDICATIONS / LABS** REFILLS: _____
- Diphenhydramine **25 MG IV** 30 minutes before infusion
- Solu-Medrol _____ MG IV – 30 minutes before infusion
- OTHER: _____
- LABS: _____

Anaphylaxis Kit per Pharmacy protocol
 TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER **PRN** FOR PATIENTS RECEIVING IV MEDS IN THE HOME
 Epinephrine Auto Injector 0.3mg/0.3ml IM – Repeat one time in 20 minutes if needed

ADVERSE REACTION ORDERS:

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,

Severe Reactions - STOP infusion, KVO IV Normal Saline _____ Diphenhydramine 25/50 mg IVP over 3-5 minutes _____
 Methylprednisolone 125 mg IVP over 5 minutes _____ Call Ambulance and Physician.

DIAGNOSIS:

G35 Multiple Sclerosis _____ _____