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| --- | --- | --- | --- | --- | --- |
| **Patient:**  **AMVUTTRA (vutrisiran)** | | | | **DOB:** | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | |
| **Required prior to scheduling:**   * Comprehensive Metabolic Panel * Supporting clinical documentation | | | | | |
| **ICD 10/Primary Diagnosis:** | | | **ICD10/Secondary Diagnosis:** | | |
| **Height:** | **Weight:** | | **Allergies:** | | |
| **Infusion Therapy** | | | **Frequency** | | |
| **Amvuttra (vutrisiran)**  **25 mg/0.5 mL subcutaneous injection** | | | **Every 12 weeks** | | |
| **PRN MEDS:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Labs** | | | | | |
| **Labs to be drawn over treatment course:** | | | | | |
| **LAB** | | **FREQUENCY** | **LAB** | | **FREQUENCY** |
| **CMP (REQUIRED)** | | **Every 12 weeks** |  | |  |
| **Provider Communication** | | | | | |
| * Amvuttra (vutrisiran) leads to decreased serum vitamin A levels. * Supplement the patient with the recommended daily allowance of vitamin A. * Refer to an ophthalmologist if ocular symptoms suggestive of vitamin A deficiency occur. | | | | | |
| **Nursing Communication/Orders** | | | | | |
| * **HOLD treatment and notify provider IF:**   + **Temperature GREATER THAN 100°F**   + **Patient complains of symptoms of acute viral or bacterial illness**   + **Patient taking antibiotics for current infection**   + **CrCl LESS THAN 30 mL/min**   + **AST GREATER THAN ULN**   + **Total Bilirubin GREATER THAN 1.5 x ULN** * **Nurse may use labs from up to 14 days prior** * **Instruct patients:**   + Amvuttra (vutrisiran) leads to decreased serum vitamin A levels.   + Confirm the patient is taking recommended vitamin A supplementation at home. * **Treatment/Monitoring:**   + Obtain vital signs PRE-treatment. Obtain vital signs POST-treatment PRN.     - **Monitor for signs of reaction for 30 minutes AFTER completion of 1st injection and subsequent injections PRN if previous signs of reaction observed.**   + Inject into either the abdomen, thighs, or upper arms.   + If injecting into the abdomen, inject at least 5 cm away from the navel.   + Avoid injecting into areas of scar tissue or areas that are actively red, swollen, or inflamed.   + If stored cold, ensure syringe has had 30 minutes to warm to room temperature prior to injection. | | | | | |