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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** |
| [x]  **Amvuttra (vutrisiran)**  **25 mg/0.5 mL subcutaneous injection** | [x]  **Every 12 weeks** |
|  **PRN MEDS:**[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| **Labs to be drawn over treatment course:**  |
| **LAB** | **FREQUENCY** | **LAB** | **FREQUENCY** |
| [x]  **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.
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| **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.
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