|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  Hep B Profile, QuantiFERON Gold, Hep C Antibody, CBC with differential – Notify provider if ALC < 700.  Maintenance Doses: Hep B Profile annually and CBC with diff within 90 days of infusion. | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD 10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| Ocrevus (ocrelizumab) 300mg IV (Initial)  Ocrevus (ocrelizumab) 600mg IV | | | | | Days 0 and 14 **(Initial/Loading Dose**)  Every 6 months **(Maintenance)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | |
| **Medication** | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Benadryl | | |  | IVP | Solu-Medrol | | |  | IVP |
| Benadryl | | |  | PO | Tylenol | | |  | PO |
| Loratadine | | | 10 mg | PO | Zofran | | |  | IVP |
|  | | |  |  |  | | |  |  |
| **PRN MEDS:**  Zofran 4 mg IV every 3 hours PRN nausea/vomiting  Tylenol 500 mg PO every 4 hours PRN pain – (give 1st)  Ibuprofen 800 mg PO every 8 hours PRN pain – (give 2nd) | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -** Hep B Profile, QuantiFERON Gold, Hep C Antibody, CBC with diff  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
|  | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
|  | |  | | |  | |  | | |
| **Nursing Communication/Orders** | | | | | | | | | |
| * Initial 300 mg dose rate: 30 mL/hr x 30 minutes, then increase rate by 30 mL/hr every 30 minutes, as tolerated, to a max rate of 180 mL/hr * Initial 600 mg dose: 40 mL/hr x 30mins, then increase rate by 40 mL/hr every 30mins, as tolerated, to a max rate of 200 mL/hr * Rapid Rate: May transition to rapid rate with 2nd full dose of 600mg if no previous infusion reaction OR following 2 subsequent 600mg doses with no infusion reaction. See PI for rates. * Infuse using a 0.2 micron in-line filter. * Obtain vital signs pre-infusion, 30 minutes after infusion initiation, then every hour for remainder of infusion, and 1 hour after infusion. * Observe for 1 hour after completion of infusion. | | | | | | | | | |

**OCREVUS® (ocrelizumab)**