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| **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:**[x]  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** |
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| **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.
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**OCREVUS® (ocrelizumab)**