CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH NEURO ALEMTUZUMAB (LEMTRADA)

version 11/9/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (270 MIN)**			
☑	Infusion Appointment Request	Every 1 day	S	5 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 270 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB TSH**			
☑	TSH	Once	S	1 treatment
	No details available for preview			
☑	**SJH ONCBCN LAB VITAMIN D**			
☐	Vitamin D, 25-Hydroxy (Blazer, BOL, Flaget, Mt.Sterling)	Once	S	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
☐	Vitamin D, 25-Hydroxy (London and Corbin - SENDOUT)	Once	S	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB JCV**			
☑	Stratify JCV(TM) Ab w/Index	Every 90 days	S	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 90 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Every 90 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Every 90 days	S	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO PREMEDS ALEMTUZUMAB (LEMTRADA)**			

Nursing Communication (continued)

		Interval	Defer Until	Duration
☑	Nursing Communication	Every visit	S	Until discont'd

If patient has not taken Hydroxyzine, Famotidine, and Cetirizine prior to arrival to Infusion Center, release the pre-medications in the plan.

☑ **SJH ONCBCN NURSING COMMUNICATION NEURO VITALS ALEMTUZUMAB (LEMTRADA)**

		Interval	Defer Until	Duration
☑	Nursing Communication	Every visit	S	Until discont'd

Obtain vital signs prior to Solu-Medrol or 0.9% Sodium Chloride 500 mL pre-hydration infusion. Obtain vital signs prior to Alemtuzumab infusion, then every 15 minutes for the first hour of infusion, every 30 minutes for the remainder of the infusion, and prn until infusion is complete.

☑ **SJH ONCBCN NURSING COMMUNICATION NEURO POST OBSERVATION ALEMTUZUMAB (LEMTRADA)**

		Interval	Defer Until	Duration
☑	Nursing Communication	Every visit	S	Until discont'd

Observe patient for 1 hour after completion of post-hydration (total observation time 2 hours after completion of Alemtuzumab).

Pre-Hydration

☑ **SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**

		Interval	Defer Until	Duration
☑	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd

500 mL, intravenous, at 100 mL/hr, As needed, For primary line., Starting when released, Until Discontinued
Infuse at 100 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Pre-Medications

☑ **SJH ONCBCN PREMED ACETAMINOPHEN 1000 MG**

		Interval	Defer Until	Duration
☑	acetaminophen (TYLENOL) tablet 975 mg	Every 1 day	S	Until discont'd

1,000 mg, oral, Once, Starting when released
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Administer 30 minutes prior to main infusion.

☑ **SJH ONCBCN PREMED SOLUMEDROL 1000 MG IVPB**

		Interval	Defer Until	Duration
☑	methylPREDNISolone sodium succinate (Solu-MEDROL) 1,000 mg in sodium chloride 0.9% (NS) 100 mL IVPB	Every 1 day	S	3 treatments

1,000 mg, intravenous, Once, Starting when released

☑ **SJH ONCBCN PREMED SOLUMEDROL 500 MG IVPB**

		Interval	Defer Until	Duration
☑	methylPREDNISolone sodium succinate (Solu-MEDROL) 500 mg in sodium chloride 0.9% (NS) 50 mL IVPB	Every 1 day	S+4	2 treatments

Pre-Medications (continued)

		Interval	Defer Until	Duration
	500 mg, intravenous, Once, Starting when released			
☑	**SJH ONCBCN PREMED HYDROXYZINE PO 50 MG**			
☑	hydrOXYzine (ATARAX) tablet 50 mg	Every visit	S	Until discont'd
	50 mg, oral, Once, Starting when released			
☑	**SJH ONCBCN PREMED FAMOTIDINE PO 20 MG**			
☑	famotidine (PEPCID) tablet 20 mg	Every visit	S	Until discont'd
	20 mg, oral, Once, Starting when released Administer 30 minutes prior to Sodium Ferric Gluconate. (IV or PO).			
☑	**SJH ONCBCN PREMED CETIRIZINE (ZYRTEC) 10 MG**			
☑	cetirizine (ZyrTEC) tablet 10 mg	Every visit	S	Until discont'd
	10 mg, oral, Once, Starting when released			
☑	**SJH ONCBCN PREMED METOCLOPRAMIDE 10 MG**			
☑	metoclopramide HCl (REGLAN) injection 10 mg	Every visit	S	Until discont'd
	10 mg, intravenous, Once, Starting when released Administer 30 minutes prior to main infusion.			
☑	**SJH ONCBCN PREMED DIPHENHYDRAMINE 25 MG**			
☑	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd
	25 mg, intravenous, Once, Starting at treatment start time Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.			
☑	**SJH ONCBCN PREMED ACYCLOVIR PO 400 MG**			
☑	acyclovir (ZOVIRAX) tablet/capsule 400 mg	PRN	S	Until discont'd
	400 mg, oral, Once, Starting at treatment start time If patient did not take prior to appointment.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY ALEMTUZUMAB (LEMTRADA) 12 MG**			
☑	alemtuzumab (LEMTRADA) 12 mg/1.2 mL 12 mg in sodium chloride 0.9% (NS) 100 mL infusion	Every 1 day	S	5 treatments
	12 mg, intravenous, Once, Starting when released Do not infuse Alemtuzumab (Lemtrada) faster than over 4 hours each day even if rate reduction necessary on previous day.			

Post-Hydration

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd

500 mL, intravenous, at 100 mL/hr, As needed, For primary line., Starting when released, Until Discontinued
Infuse at 100 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd

Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.

☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd

No details available for preview

☑	Oxygen Therapy	PRN	S	Until discont'd

No details available for preview

☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.

Start for any grade of reaction.

☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd

50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Start for any grade of reaction.

☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd

20 mg, intravenous, Once as needed, Hypersensitivity reaction
Start for any grade of reaction.

☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd

10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released
Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms

☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd

	Interval	Defer Until	Duration

0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released
Do NOT administer via direct IV injection without dilution.

Give for Grade III - SEVERE/Anaphylaxis Symptoms.