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 NATALIZUMAB (TYSABRI) EVERY 4 WEEKS

version 11/7/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Every 4 weeks	S	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB JCV**			
☑	Stratify JCV(TM) Ab w/Index	Once	S	1 treatment
	No details available for preview			
☑	**SJH ONCBCN LAB JCV**			
☑	Stratify JCV(TM) Ab w/Index	Every 90 days	S+90	Until discont'd
	No details available for preview			
☑	**SJH ONCBCN LAB ANTIBODY TYSABRI**			
☑	Natalizumab Antibodies(SENDOUT)	Once	S	1 treatment
	No details available for preview			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Once	S	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
☐	Oncology Basic Metabolic Panel	Once	S	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Once	S	1 treatment
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 90 days	S+90	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+90	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Every 90 days	S+90	Until discont'd

Labs (continued)

	Interval	Defer Until	Duration

No details available for preview
Selection Condition: Lab location - SJH Oncology - Blazer

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO STANDARD**			
☑	Nursing Communication	Every visit	S	Until discont'd

Obtain baseline vital signs pre-infusion, one hour into infusion and post infusion. Assess for any signs or symptoms of adverse reaction. Slow infusion rate if needed. Implement infusion reaction management standing orders if patient develops reaction. Apply telemetry if condition warrants. Notify provider for any adverse reactions.

☑	Nursing Communication	Every visit	S	Until discont'd

For questions during office hours, contact provider's office number. Contact cell phone of provider for signs and symptoms of allergic reaction.

☑	**SJH ONCBCN NURSING COMMUNICATION NEURO OBSERVATION**			
☑	Nursing Communication	Every visit	S	Until discont'd

Observe the patient for at least one hour after administration for flushing, dyspnea, rigors, rash, pruritis, vomiting, chest pain or other signs of symptoms of allergic reaction.

☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd

Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.

Flushes

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd

500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued
Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Pre-Medications

Pre-Medications (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 MG PO / SOLUMEDROL 125 MG IV)**			
☑	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd
	650 mg, oral, Once, Starting when released Administer 30 minutes prior to infusion. Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.			
☑	methylPREDNISolone (SOLU-MEDROL) injection 125 mg	Every visit	S	Until discont'd
	125 mg, intravenous, Once, Starting when released Administer 30 minutes prior to infusion.			
☑	**SJH ONCBCN PREMED DIPH 50 MG PO / HYDROXYZINE 25 MG PO**			
◎	diphenhydrAMINE (BENADRYL) tablet/capsule 50 mg	Every visit	S	Until discont'd
	50 mg, oral, Once, Starting when released Prior to infusion. 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.			
◎	hydrOXYzine (ATARAX) tablet 25 mg	Every visit	S	Until discont'd
	25 mg, oral, Once, Starting when released Prior to Infusion.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NATALIZUMAB (TYSABRI) 300 MG IV**			
☑	natalizumab (TYSABRI) 300 mg in sodium chloride 0.9% (NS) 100 mL infusion	Every 4 weeks	S	Until discont'd
	300 mg, intravenous, Once, Starting when released Flush with normal saline after infusion complete. Monitor patient for 1 hour after infusion. Nursing to confirm current Notice of Patient Authorization on file, provide Medication Guide before each dose, administer Pre-Infusion Patient Checklist prior to each infusion and then fax to Biogen Idec.			

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

		Interval	Defer Until	Duration
	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
	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.			