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 RAVULIZUMAB-CWVZ (ULTOMIRIS)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (180 MIN)**			
☑	Infusion Appointment Request	Once	S	1 treatment

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 180 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (180 MIN)**			
☑	Infusion Appointment Request	Every 56 days	S+14	Until discont'd

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 180 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**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 LDH**			
☑	Lactate dehydrogenase (LDH)	Once	S	1 treatment
	No details available for preview			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
☐	Comprehensive metabolic panel	Every 56 days	S+14	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 56 days	S+14	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
☐	Hepatic function panel	Every 56 days	S+14	Until discont'd
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			
☑	**SJH ONCBCN LAB LDH**			

Labs (continued)

		Interval	Defer Until	Duration
☑	Lactate dehydrogenase (LDH)	Every 56 days	S+14	Until discont'd

No details available for preview

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PHYSICIAN COMMUNICATION RAVULIZUMAB**			
☑	Provider Communication	Every visit	S	Until discont'd
	Providers MUST be enrolled in the Ultomiris REMS program. https://ultomirisrems.com/			
☑	Provider Communication	Every visit	S	Until discont'd
	Ensure patient has received required meningococcal vaccines (per ACIP guidelines) at least 2 weeks prior to administering first dose of ravulizumab, unles the risks of delaying therapy outweigh the risks of developing a meningococcal infection.			
☑	Provider Communication	Every visit	S	Until discont'd
	Consider penicillin prophylaxis for the duration of ravulizumab therapy to potentially reduce risk of meningococcal disease.			
☑	Provider Communication	Every visit	S	Until discont'd
	For patients switching from eculizumab to ravulizumab, administer ravulizumab loading dose 2 weeks after the last eculizumab infusion, and then administer maintenance dose every 8 weeks, starting 2 weeks after loading dose.			

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION MENINGOCOCCAL VACCINES**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Verify with provider and/or patient that meningococcal vaccines have been given prior to initiation of therapy.			
☑	**SJH ONCBCN NURSING COMMUNICATION - ACTIVE INFECTION RAVULIZUMAB**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Assess patient for signs and symptoms of active infections, particularly meningococcal infection, and notify physician. HOLD ravulizumab for active infections.			
☑	**SJH ONCBCN NURSING COMMUNICATION VITAL SIGNS THERAPY 4**			
☑	Nursing Communication	Every visit	S	Until discont'd

Nursing Communication (continued)

		Interval	Defer Until	Duration
	Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and every 15 minutes during the infusion.			
☑	**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.			

Flushes

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) infusion	PRN	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.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN MEDICATIONS RAVULIZUMAB-CWVZ (ULTOMIRIS) LOADING DOSE**			
◎	ravulizumab-cwvz (ULTOMIRIS) 2,400 mg in sodium chloride 0.9% (NS) 48 mL IVPB	Once	S	1 treatment
	2,400 mg, intravenous, Once, Starting when released Administration infusion rates based on patient weight. > or = 40 kg to <60 kg: Infuse loading dose (2,400 mg in a total volume of 48 mL) at 64 mL/hour (minimum infusion time: 0.8 hours).			
◎	ravulizumab-cwvz (ULTOMIRIS) 2,700 mg in sodium chloride 0.9% (NS) 54 mL IVPB	Once	S	1 treatment
	2,700 mg, intravenous, Once, Starting when released Administration infusion rates based on patient weight. > or = 60 kg to <100 kg: Infuse loading dose (2,700 mg in a total volume of 54 mL) at 92 mL/hour (minimum infusion time: 0.6 hours).			
◎	ravulizumab-cwvz (ULTOMIRIS) 3,000 mg in sodium chloride 0.9% (NS) 60 mL IVPB	Once	S	1 treatment
	3,000 mg, intravenous, Once, Starting when released Administration infusion rates based on patient weight. > or = 100 kg: Infuse loading dose (3000 mg in a total volume of 60 mL) at 144 mL/hour (minimum infusion time: 0.4 hours).			
☑	**SJH ONCBCN MEDICATIONS RAVULIZUMAB-CWVZ (ULTOMIRIS) MAINTENANCE DOSE**			
◎	ravulizumab-cwvz (ULTOMIRIS) 3,000 mg in sodium chloride 0.9% (NS) 60 mL IVPB	Every 56 days	S+14	Until discont'd

Medications (continued)

		Interval	Defer Until	Duration
	3,000 mg, intravenous, Once, Starting when released Administration infusion rates based on patient weight. > or = 40 kg to <60 kg: Infuse maintenance dose (3000 mg in a total volume of 60 mL) at 65 mL/hour (minimum infusion time: 0.9 hours).			
◎	ravulizumab-cwvz (ULTOMIRIS) 3,300 mg in sodium chloride 0.9% (NS) 66 mL IVPB	Every 56 days	S+14	Until discont'd
	3,300 mg, intravenous, Once, Starting when released Administration infusion rates based on patient weight. > or = 60 kg to <100 kg: Infuse maintenance dose (3300 mg in a total volume of 66 mL) at 99 mL/hour (minimum infusion time: 0.7 hours).			
◎	ravulizumab-cwvz (ULTOMIRIS) 3,600 mg in sodium chloride 0.9% (NS) 72 mL IVPB	Every 56 days	S+14	Until discont'd
	3,600 mg, intravenous, Once, Starting when released Administration infusion rates based on patient weight. > or = 100 kg: Infuse maintenance dose (3600 mg in a total volume of 72 mL) at 144 mL/hour (minimum infusion time: 0.5 hours).			

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

		Interval	Defer Until	Duration
	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.			