



Patient Name: _____

Date of Birth: _____

PHYO
CMC85946-001NS Rev. 9/2021**Ocrelizumab (OCREVUS)
Infusion Therapy Plan****Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²) NKDA - No Known Drug Allergies Allergies: _____**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month****Plans must be reviewed / re-ordered at least annually. ******ORDERS TO BE COMPLETED FOR EACH THERAPY****ADMIT ORDERS** Height and weight Vital signs**Hypotension Defined Admit** Nursing Communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

PREGNANCY TESTS AT DALLAS AND PLANO**Nursing Communication**

Only one pregnancy test is necessary, based on facility capabilities. Please utilize the lab that is available per facility.

 Patient requires a pregnancy test (based on organizational policy, female patients 10 years of age or over require a pregnancy test)**Pregnancy test, urine - POC**STAT, ONE TIME, for females \geq 10 years old. If positive, do NOT infuse and contact the ordering provider.**Gonadotropin chorionic (HCG) urine**STAT, ONE TIME, unit collect, for females \geq 10 years old. If positive, do NOT infuse and contact ordering provider. Nursing Communication

Confirm TB test is negative within last year, if no test or positive, contact ordering provider.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS Insert peripheral IV / Access IVAD

Place PIV if needed or access IVAD if available

 lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

 when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedureAdministration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.



Patient Name: _____

Date of Birth: _____

PHYO
CMC85946-001NS Rev. 9/2021

**Ocrelizumab (OCREVUS)
Infusion Therapy Plan**

ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

Please select all appropriate therapy

lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

when more than 60 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure

lidocaine with transparent dressing 4% kit

TOPICAL, PRN

when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour

patient / family preference for procedure

Heparin flush

heparin flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

Sodium chloride flush

Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

LABS SEMI-ANNUAL

Nursing Communication

If hepatitis B and C labs and quantiferon TB gold have been obtained in the last 90 days, defer drawing until the next infusion.

HEPATITIS B LABS

Hepatitis B Core Antibody Total

Unit collect

INTERVAL: Every 6 months

DEFER UNTIL: _____ **DURATION:** Until Discontinued

Hepatitis B Surface Antigen

Unit collect

INTERVAL: Every 6 months

DEFER UNTIL: _____ **DURATION:** Until Discontinued

Hepatitis B Surface Antibody

Unit collect

INTERVAL: Every 6 months

DEFER UNTIL: _____ **DURATION:** Until Discontinued

Hepatitis C Antibody

Unit collect

INTERVAL: Every 6 months

DEFER UNTIL: _____ **DURATION:** Until Discontinued

Quantiferon TB Gold

Unit collect

INTERVAL: Every 6 months

DEFER UNTIL: _____ **DURATION:** Until Discontinued



Patient Name: _____

Date of Birth: _____

PHYO
CMC85946-001NS Rev. 9/2021

Ocrelizumab (OCREVUS) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-MEDICATIONS

Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)

Nursing communication

Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

acetaminophen suspension

15 mg / kg, ORAL, for 1 dose

Pre-medication, give 30 minutes prior to infusion

Dose: _____

acetaminophen tablet

15 mg / kg ORAL, for 1 dose

Pre-medication, give 30 minutes prior to infusion

Dose: _____

Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)

Nursing communication

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

diphenhydrAMINE liquid

1 mg / kg, ORAL, for 1 dose

Pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE capsule

1 mg / kg ORAL, for 1 dose

Pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, 1 dose

Pre-medication, give 30 minutes prior to infusion

Dose: _____

methyIPREDNISolone RTA infusion

2 mg / kg INTRAVENOUS, for 1 dose.

Give 30 minutes prior to ocrelizumab. Ready to administer by IV infusion. Doses > 15 mg / kg should be given over a minimum of 1 hour.

(See protocol for monitoring parameters.)

Dose: _____

cetirizine tablet (10 mg, maximum)

ORAL, for 1 dose

Pre-medication, give 30 minutes prior to infusion

Dose: _____

INTRA-PROCEDURE

Nursing Communication

Adverse reactions may include: fever, chills, rigors, rash, bronchospasm, throat irritation, oropharyngeal pain, dyspnea, pharyngeal or laryngeal edema, flushing, hypotension, fatigue, headache, dizziness, nausea, tachycardia and severe allergic reactions (anaphylaxis). Please contact ordering provider if these conditions exist.

Vital Signs

Baseline vital prior to start of ocrelizumab infusion and then every 30 minutes during the infusion and for 30 minutes after the infusion completes.

Physician Communication Order

First 2 doses of ocrelizumab are 300 mg IV given 2 weeks apart, then 600 mg IV to begin 6 months after the initial dose

ocrelizumab 300 mg in sodium chloride 0.9%

INTERVAL: Every 2 weeks **Defer Until:** _____ **DURATION:** Until Discontinued

300 mg INTRAVENOUS, ONCE, Administer through a dedicated IV line using a 0.2 or 0.22 micron in-line filter. Initial infusion: start infusion at 30 mL / hour, increase by 30 mL / hour every 30 minutes as tolerated to a maximum rate of 180 mL / hour for a duration of 2.5 hours or longer. Give 300 mg IV for 2 infusions 2 weeks apart, then 600 mg IV every 6 months after initial dose.

Dose: _____ mg



Patient Name: _____

Date of Birth: _____

PHYO
CMC85946-001NS Rev. 9/2021

Ocrelizumab (OCREVUS) Infusion Therapy Plan

ORDERS TO BE COMPLETED FOR EACH THERAPY

INTRA-PROCEDURE, CONTINUED

- ocrelizumab 600 mg in sodium chloride 0.9% **INTERVAL:** Day 1 of every 6 months **Defer Until:** _____ **DURATION:** Until Discontinued
600 mg INTRAVENOUS, ONCE, Administer through a dedicated IV line using a 0.2 or 0.22 micron in-line filter. Subsequent infusions: start infusion at 40 mL / hour, increase by 40 mL / hour every 30 minutes as tolerated to a maximum rate of 200 mL / hour for a duration of 3.5 hours or longer.

Dose: _____ mg

Therapy Appointment Request

Please select department for the therapy appointment request:

Expires in 365 days

- Dallas Special Procedures Plano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology

EMERGENCY MEDICATIONS

Nursing Communication

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

- Stop the infusion
- Give diphenhydramine as ordered
- Check vitals including blood pressure every 5 minutes until further orders from provider.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one
- Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling **PATIENT IS HAVING ANAPHYLAXIS:**

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check vitals including blood pressure every 5 minutes until the code team arrives.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
11 years to 17 years – systolic blood pressure (SBP) less than 90
OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

EPINEPHRINE Injection Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

Cardio / Respiratory Monitoring

Rationale for Monitoring: High risk patient (please specify risk)

- Clinically significant cardiac anomalies or dysrhythmias
 Recent acute life-threatening event
 Unexplained or acutely abnormal vital signs
 Artificial airway (stent, tracheostomy, oral airway)
 Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate

Telemetry Required: Yes No



Patient Name: _____

Date of Birth: _____

PHYO
CMC85946-001NS Rev. 9/2021

**Ocrelizumab (OCREVUS)
Infusion Therapy Plan**

ORDERS TO BE COMPLETED FOR EACH THERAPY

EMERGENCY MEDICATIONS, CONTINUED

diphenhydrAMINE injection
1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum dose = 50 mg per dose, 300 mg per day.
Dose: _____

Albuterol for aerosol
0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose.
Dose: _____

POST-PROCEDURE

Nursing Communication
Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
Discontinue PIV prior to discharge.

Sodium chloride 0.9% infusion
INTRAVENOUS, at 0 - 25 mL / hour ONCE
Dose: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider