

DEMOGRAPHICS

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ____/____/____ ☐ Male ☐ Female

Phone: _____

SSN: _____ Ht: _____ Wt: _____

PRESCRIBING PHYSICIAN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

License#: _____

DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Signature: _____

Date: _____

PHYSICIAN ORDERS

☐

BRIUMVI

☐

1ST INFUSION: 150 MG (1 VIAL) IV OVER 4 HOURS (DAY 1) / **2ND INFUSION:** 450 MG (3 VIALS) IV OVER 1 HOUR (DAY 15)

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SUBSEQUENT INFUSIONS: 450 MG (3 VIALS) IV OVER 1 HOUR EVERY 24 WEEKS

REFILLS: _____

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IV ACCESS

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Peripheral IV - Flush with Normal Saline 5-10 ml with IV start and before & after medication

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Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication---LOCK with Heparin 500 units (100 units/ml)

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PRE-MEDICATIONS / LABS

REFILLS: _____

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Diphenhydramine _____ MG IV 30 minutes before infusion

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Solu-Medrol _____ MG IV 30 minutes before infusion

☐

OTHER: _____

☐

LABS: _____ FREQUENCY _____

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Anaphylaxis Kit per Pharmacy protocol

TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME

Epinephrine Auto Injector 0.3mg/0.3ml IM - Repeat one time in 20 minutes if needed

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ADVERSE REACTION ORDERS:

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,

Severe Reactions - STOP infusion ☒, KVO IV Normal Saline ☒ Diphenhydramine 25/50 mg IVP over 3-5 minutes ☒

Methylprednisolone 125 mg IVP over 5 minutes ☒ Call Ambulance and Physician ☒.

DIAGNOSIS:

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G35 MULTIPLE SCLEROSIS

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