

**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**

- ☐ **OCREVUS (INITIAL) 300 mg/250 ml NS IV – Day 1 and Day 15**  
INFUSE PER MANUFACTURES GUIDELINES
- ☐ **OCREVUS (MAINTENANCE) 600 mg/500 ml NS IV every 6 months REFILLS: \_\_\_\_**  
INFUSE PER MANUFACTURES GUIDELINES

☐ **IV ACCESS**

- ☐ Peripheral IV - Flush with Normal Saline 5–10 ml with IV start and before & after medication
- ☐ Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication.  
LOCK with Heparin 500 units (100 units/ml)

☐ **PRE-MEDICATIONS / LABS**

**REFILLS: \_\_\_\_\_**

- ☐ Diphenhydramine **25 MG** IV 30 minutes before infusion
- ☐ Solu-Medrol \_\_\_\_\_ MG IV – 30 minutes before infusion
- ☐ OTHER: \_\_\_\_\_
- ☐ LABS: \_\_\_\_\_

☒ **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

☒ **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:**

☐ G35 Multiple Sclerosis \_\_\_\_\_ ☐ \_\_\_\_\_