

Patient Information

Patient Name:		DOB:	
Patient Home Phone:	Patient Cell Phone:	Patient Email:	
Emergency/Alternate Contact Name:		Emergency/Alternate Contact Phone:	
NKDA	Allergies:	Weight lbs/kg:	Height:
Patient Status:	New to Therapy	Continuing Therapy	Therapy Change
Last infusion date (if applicable):		_____	
Is the patient pregnant, planning a pregnancy or nursing:		Yes	No
Does the patient need interpreter services:		Yes	No

Provider Information

Referral Coordinator Name:		Referral Coordinator Email:	
Ordering Provider:		Provider NPI:	
Referring Practice Name:		Phone:	Fax:
Practice Address:		City:	State: Zip:

ICD-10 CODE

G35 Multiple Sclerosis Other: _____

Medication Order

Ocrevus (ocrelizumab) **Dose and Frequency:** Induction: 300mg IV on day 1 and day 15 Qty: 2 doses
 Maintenance: 600mg IV every 6 months Qty: 1 dose
 (starting 6 months from the first infusion date)

Documentation Required (Note: Send all labs, must include specific labs listed here)

Labs (Hep B and Serum Immunoglobulins)
 Insurance Card (front and back) Current Medications History/Progress Notes

Pre-Medication Order
Standard Protocol (give 30 minutes before each infusion):

acetaminophen (Tylenol) 1000mg PO	diphenhydramine (Benadryl) 50mg IV
methyprednisolone (SOLU-Medrol) 100mg IV	Other: _____

Customized Pre-Medication Order

Drug: _____
 Dose: _____ Route: _____ Frequency: _____

Line/Port Use Orders

RN to start/discontinue peripheral IV or access/de-access port
 RN to administer 3-10 mL normal saline with heparin 100 units/mL 1-5 mL per SASH method
 Do NOT administer heparin to this patient
 Additional orders: _____

Adverse Reaction and Anaphylaxis Orders

Standard anaphylaxis kit (EPINEPHrine 0.3 mg IM PRN for severe reactions x 1, may repeat once within 5-15 minutes for a maximum of 2 doses;
 Benadryl 50 mg PO PRN for mild-moderate reactions x 1; Benadryl 50 mg IV PRN for mild-moderate reactions x 1)
 Additional orders: _____

Special Instructions (Prior therapy, treatment dates, and reasons for d/c)
Provider Name

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.

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Provider Signature
Date

Check here if this is a stat order

advanced home infusion™