



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the **x** to remove the pre-checked option.

OCRELIZUMAB (OCREVUS) THERAPY PLAN [11500820] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Pre-Screening Labs

- Provider Communication
Provider to send Hep B screening lab results with completed orders.

Pre-Medications

Interval

- | | | |
|---|-------------|-------------|
| <input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg
<i>Once Administer 30 minutes prior to Ocrelizumab infusion.</i> | Every Visit | Route: IV |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg
<i>Once Administer 30 minutes prior to Ocrelizumab infusion.</i> | Every Visit | Route: Oral |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule 25 mg
<i>Once Administer 30 minutes prior to Ocrelizumab infusion.</i> | Every Visit | Route: Oral |

Supportive Care

Interval

- | | | |
|--|--|-----------|
| <input type="checkbox"/> OCRELIZUMAB INFUSION - LOADING DOSE
<i>Loading Dose _____ Frequency _____</i> | | Route: IV |
| <input type="checkbox"/> OCRELIZUMAB INFUSION - MAINTENANCE DOSE
<i>Maintenance Dose _____ Frequency _____</i> | | Route: IV |

Nursing Orders

Interval

- | | |
|--|-------------|
| <input checked="" type="checkbox"/> Nursing Communication
<i>Observe patients for infusion reactions during and for at least one hour after completion of infusion.</i> | Every Visit |
| <input checked="" type="checkbox"/> Nursing Communication
<i>Vital signs to be done at baseline, as needed, and prior to discharge.</i> | Every Visit |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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- X Nursing Communication Every Visit
MILD TO MODERATE INFUSION REACTIONS-Reduce infusion to one-half of the rate at which the reaction occurred; maintain reduced rate for at least 30 minutes. If the reduced rate is tolerated, increase rate every 30 minutes by 30ml/hr to maximum rate of 180ml/hr (300mg dose) or 40ml/hr to a maximum rate of 200ml/hr (600mg dose). SEVERE INFUSION REACTIONS-Immediately interrupt infusion, notify provider, and administer appropriate supportive management as needed. After symptoms have resolved, restart infusion beginning at a rate one-half of the rate at the onset of reaction. If reduced rate tolerated, increase rate as above. LIFE- THREATENING REACTION-Immediately stop infusion, notify provider, and administer appropriate supportive care. Permanently discontinue.

Vascular Access (single select)	Interval
<input type="radio"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	Every Visit
<input type="radio"/> Central line (non-PICC) - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL 20 mL As Needed for Line Care post lab draw PRN - sodium chloride (NS) flush 10 mL 10 mL for Line Care at discharge and de-access every visit - heparin 100 units/mL 5 mL 5 mL for de-access every visit - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i>	Every Visit
<input type="radio"/> PICC line - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication <i>Change PICC line dressing weekly and PRN</i> - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL 20 mL As Needed for Line Care post lab draw PRN - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i>	Every Visit

Provider Signature Date Time

Provider's Printed Name:

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PRN Medications	Interval	
<input type="radio"/> sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Emergency Medications	Interval	
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg I dose for a total of 50 mg, and contact provider.</i>	PRN	Route: IV
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff <i>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>	PRN	Route: Inhalation
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg <i>125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>	PRN	Route: IV
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg <i>0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.</i>	PRN	Route: Intramuscular

Provider Signature

Date

Time

Provider's Printed Name:

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