



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

## OCRELIZUMAB (OCREVUS) THERAPY PLAN [11500820] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Provider Communication Orders	Interval
<input type="checkbox"/> Provider Communication <i>Starting when released OCRELIZUMAB IS CONTRAINDICATED IN PATIENTS WITH AN ACTIVE HEPATITIS B INFECTION. Hepatitis B screening is required before first dose. Please order hepatitis B screening labs outside of this therapy plan prior to patient being scheduled for Ocrevus. Order hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc Total).</i>	Once
<input type="checkbox"/> Provider Communication <i>Starting when released Instruct patients that if they are pregnant or plan to become pregnant while taking Ocrevus, they should inform their healthcare provider.</i>	Once
<input type="checkbox"/> Provider Communication <i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i>	Once

Supportive Care	Interval	Route:
<input type="checkbox"/> OCRELIZUMAB INFUSION <i>Starting when released, For 1 dose</i> Dose _____ Frequency _____		

Pre-Medications	Interval	Route:
<input type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg <i>Once Starting when released, For 1 dose, Administer 30 minutes prior to Ocrelizumab infusion.</i>	Every visit	Route: IV
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg <i>Once Starting when released, For 1 dose, Administer 30 minutes prior to Ocrelizumab infusion.</i>	Every visit	Route: Oral
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule 25 mg <i>Once Starting when released, For 1 dose, Administer 30 minutes prior to Ocrelizumab infusion.</i>	Every visit	Route: Oral

Nursing Orders	Interval
<input type="checkbox"/> Nursing Communication <i>Starting when released OCRELIZUMAB IS CONTRAINDICATED IN PATIENTS WITH AN ACTIVE HEPATITIS B INFECTION. On initial visit, document that hepatitis B screening is complete.</i>	Once
<input type="checkbox"/> Nursing Communication <i>Starting when released Observe patients for infusion reactions during and for at least one hour after completion of infusion.</i>	Every visit
<input type="checkbox"/> Nursing Communication <i>Starting when released Vital signs to be done at baseline, as needed, and prior to discharge.</i>	Every visit

Provider Signature
EHR User ID
Date
Time

Initials \_\_\_\_\_

Place Patient Label Here



alteplase (CATHFLO) injection 2 mg PRN Route: Intra-Catheter

*Other, Line Care, 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 by 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.*

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**PRN Medications**

**Interval**

sodium chloride (NS) flush 10 mL PRN Route: IV

*10 mL As Needed IV Line Care, Starting when released*

sodium chloride 0.9 % bolus 500 mL PRN Route: IV

*500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)*

**Emergency Medications**

**Interval**

diphenhydrAMINE (BENADRYL) injection 25-50 mg PRN Route: IV

*25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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 25mg IV dose for a total of 50 mg, and notify provider*

albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation

*2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.*

methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg PRN Route: IV

*125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose*

EPINEPHrine (ADRENALIN) injection 0.5 mg PRN Route: Intramuscular

*0.5 mg Once As Needed Intramuscular Other, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes ( $\geq 40$  points in SBP), shortness of breath with wheezing and O2Sat  $<90\%$ ), and notify provider, For 1 dose*

Provider Signature

EHR User ID

Date

Time

Initials

Place Patient Label Here