



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

Infusion Center Location:		Start Dat	te:		
Diagno	sis/Indication:				
Authori	ization Number:				
Patient Name		_ DOB	Height	Weight	
Provider Communication Orders		Interval			
	Provider Communication	Once			
	Starting when released OCRELIZUMAB IS B INFECTION. Hepatitis B screening is requoutside of this therapy plan prior to patient b (HBsAg) and hepatitis B core antibody (anti-	ired before first dose. Preing scheduled for Ocre	lease order hepatii	tis B screening labs	
	Provider Communication	Once			
	Starting when released Instruct patients that if they are pregnant or plan to become pregnant while taking Ocrevus, they should inform their healthcare provider.				
	Provider Communication	Once			
	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.				
Supportive Care		Interval			
	OCRELIZUMAB INFUSION		Route:		
	Starting when released, For 1 dose Dose Frequency _				
Pre-Medications		Interval			
	methylPREDNISolone sodium succinate (Solu- MEDROL) injection 125 mg	- Every visi	t Route: IV		
	Once Starting when released, For 1 dose, A	dminister 30 minutes pr	rior to Ocrelizumab	infusion.	
	acetaminophen (TYLENOL) tablet 650 mg	Every visi	t Route: Or	al	
	Once Starting when released, For 1 dose, A	dminister 30 minutes pr	rior to Ocrelizumab	infusion.	
	diphenhydrAMINE (BENADRYL) capsule 25 m	ig Every visi	t Route: Or	al	
	Once Starting when released, For 1 dose, A	dminister 30 minutes pr	rior to Ocrelizumab	infusion.	
Nursi	ng Orders	Interval			
	Nursing Communication	Once			
	Starting when released OCRELIZUMAB IS B INFECTION. On initial visit, document tha			H AN ACTIVE HEPATITIS	
	Nursing Communication	Every visi	t		
	Starting when released Observe patients for infusion reactions during and for at least one hour after completion of infusion.				
	Nursing Communication	Every visi	t		
Starting when released Vital signs to be done at baseline, as needed, and prior to discharge.					
	Provider Signature	EHR User ID Date	te	Time	
Initials					
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	Nursing Communication	PRN			
	Starting when released 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 rated 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.				
	Insert peripheral IV	PRN			
	Starting when released				
	Access & Use Central Line/CVAD	PRN			
	Starting when released Access vascular dev	vice and confirm patency.			
	Access & Use Central Line/CVAD	PRN			
	Starting when released Access vascular dev	vice and confirm patency.			
	sodium chloride (NS) flush 10 mL	PRN	Route: IV		
	Line Care, Starting when released				
	Initiate Central Line (Non-PICC) Maintenance F	Protocol PRN			
	Starting when released				
	Initiate PICC Maintenance Protocol	PRN			
	Starting when released				
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV		
	Other, Line Care prior to medication adminis	stration, Starting when relea	ased		
	Nursing Communication	PRN			
	Starting when released Change PICC line d	ressing weekly and as need	ded.		
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV		
	Other, Line Care post medication administra	ation, Starting when release	d		
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV		
	Other, Line Care prior to medication adminis	stration, Starting when relea	ased		
	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV		
	Other, Line Care post lab draw, Starting who	en released			
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV		
	Other, Line Care post medication administra	ation, Starting when release	d		
	sodium chloride 0.9 % injection 10 mL	PRN	Route: IV		
	Other, Line Care at discharge and de-acces	s, Starting when released			
	sodium chloride 0.9 % injection 20 mL	PRN	Route: IV		
	Other, Line Care post lab draw, Starting who	en released			
	heparin, porcine (PF) 100 unit/mL flush 500 Un	its PRN	Route: IV		
	Line Care, for de-access, Starting when released				
	Provider Signature	EHR User ID Date	Time		
Initials					
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		OCRELIZUMAB (OCREVUS) THERAPY PLAN			

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Initials	Flovider Signature		Time 31-DT (01/10/2024)	
Initials	Flovider Signature	LIN OSEI ID Date	Time	
		EES LICATUL LISTA	Time o	
	Provider Signature	EHR User ID Date		
	0.5 mg Once As Needed Intramuscular Othe diaphoresis, fever, palpitations, chest discom of breath with wheezing and O2Sat <90%), a	ort plus blood pressure changes (>/= 40 pc		
	diphenhydramine (Benadryl), and notify provi EPINEPHrine (ADRENALIN) injection 0.5 mg			
_	MEDROL) injection 125 mg 125 mg Once As Needed IV For shortness o (flushing, dizziness, headache, diaphoresis, f 20 points in SBP), nausea, urticaria, chills, pr	ever, palpitations, chest discomfort, blood p	ressure changes (>/=	
	with infusion reaction and notify provider, Sta methylPREDNISolone sodium succinate (Solu-			
Ц	2 puff Once As Needed Inhalation Wheezing			
	25 to 50 mg Once As Needed IV Other, For a diaphoresis, fever, palpitations, chest discomurticaria, chills, pruritis), For 1 dose, Administ of reaction. Administer 25 mg IV if patient has resolve in 3 minutes may repeat 25mg IV dos albuterol 90 mcg/actuation inhaler 2 puff	ort, blood pressure changes (>/= 20 points er 50 mg IV if patient has NOT had diphent had diphenhydramine within 2 hours of rea	in SBP), nausea, nydramine within 2 hours action, if reaction doesn't	
	diphenhydrAMINE (BENADRYL) injection 25-50	•		
Emer	gency Medications	Interval	Interval	
	500 mL Once As Needed IV Line Care, Start	ing when released, Run at TKO (25ml/hr)		
	sodium chloride 0.9 % bolus 500 mL	PRN Route: IV		
	10 mL As Needed IV Line Care, Starting who	n released		
	sodium chloride (NS) flush 10 mL	PRN Route: IV		
PRN	completely dissolved (complete dissolution sh mg/mL. Retain in catheter for 30 minutes to 2 Medications		Final concentration: 1	
_	Other, Line care, Starting when released, Fo for injection to vial; let the vial stand undisturb	ed to allow large bubbles to dissipate. Mix	by gently swirling until	
	alteplase (CATHFLO) injection 2 mg	PRN Route: Intra-		
	Other, Line Care, Starting when released, For water for injection to vial; let the vial stand un until completely dissolved (complete dissolutic concentration: 1 mg/mL. Retain in catheter for	disturbed to allow large bubbles to dissipate on should occur within 3 minutes); do not si	e. Mix by gently swirling hake. Final	
	alteplase (CATHFLO) injection 2 mg	PRN Route: Intra-	Catheter	

Prog & Orders

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