



Mankato Clinic

Together we thrive.

ADULT AMBULATORY INFUSION ORDER

Ocrelizumab (OCREVUS)

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Date: ____/____/____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Lab Results
 H & P Relevant to Diagnosis Last infusion note Current Medications

PATIENT INFORMATION

PROVIDER INFORMATION

Allergies: _____

Printed Provider's Name: _____

Weight: _____ lbs/kg Height: _____

Signature: _____

Diagnosis: _____

NPI: _____ Date: ____/____/____

ICD-10: _____

Phone: (____)____-____ Fax: (____)____-____

Office Address: _____

Contact Person: _____

Hep B Result: _____

Test Date: ____/____/____

Copy Attached

Has patient had any immunizations in the last 6 weeks?

Yes

No

PRE-MEDICATIONS:

Diphenhydramine: IV 50mg

Acetaminophen: PO 1000 mg

Solu-Medrol: IV 1000 mg

Other: _____

No Pre-Medications

30 minutes wait time following pre-medications

LABS:

- | | | | |
|---------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> CBC w/diff | <input type="checkbox"/> EVERY infusion | <input type="checkbox"/> every OTHER infusion | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> CMP | <input type="checkbox"/> EVERY infusion | <input type="checkbox"/> every OTHER infusion | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Urine HCG | <input type="checkbox"/> EVERY infusion | <input type="checkbox"/> every OTHER infusion | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> EVERY infusion | <input type="checkbox"/> every OTHER infusion | <input type="checkbox"/> other: _____ |
- No labs needed

OCREVUS (ocrelizumab) IV Dosage:

- Initial Dose: 300 mg IV at 0 and 2 weeks.
 - Subsequent Infusions: 600 mg in 500 mLs of NS every 6 months. Infuse over 3.5 hours or longer.
- Or**
- If no history of previous reaction, may proceed with faster infusion over 2 hours.
 - Patient is required to stay for 60-minute observation post infusion.**
 - Patient is NOT required to stay for observation time.**