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| ADULT AMBULATORY INFUSION ORDER  **Alemtuzumab (Lemtrada)** | **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    *Affix Patient Identification Label Here* |
| **ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (**  **) TO BE ACTIVE.** | |

**Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

\***Please fax a copy of the** □Demographics □ Insurance Information □ Current Lab Results

**following patient information**: □ H & P Relevant to Diagnosis □ Last infusion note □ Current Medications

Provider Information

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Information

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs/kg Height: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

ICD-10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hep B Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ □ Copy Attached

HIV Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ □ Copy Attached

Varicella Zoster Antibodies Result: \_\_\_\_\_\_\_\_\_\_\_\_ Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ □ Copy Attached

HPV Screening Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ □ Copy Attached

TB TEST: Quantiferon Gold or PPD results □ Positive □ Negative

Has patient had any immunizations in the last 3 months? □ Yes □ No

Pre-medications:

Diphenhydramine: □ IV □ 50mg

Acetaminophen: □ PO □ 1000 mg

Solu-Medrol: □ IV □ 1000 mg

MC2678 (04/22)

Other: □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No Pre-Medications

□ 30 minutes wait time following pre-medications

Medications to give during Infusion:

Meperidine HCl □ PO □ IV □ 50 mg give as needed for rigors.

Ondansetron HCl □ IV □ 4 mg give as needed for nausea. May repeat x 1.

Labs:

□ CBC w/diff □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ CMP □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ TSH □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ UA □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_□ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No labs needed

# alemtuzumab (**Lemtrada) IV Dosage:**

**□ Initial Course: Administer Lemtrada 12 mg in 100 mLs of 0.9% sodium chloride over 4 hours.**

**□ Subsequent Course: Administer Lemtrada 12 mg in 100 mL of 0.9& sodium chloride over 4 hours. Repeat daily for 3 conseutive days 12 months after first treatment course.**

**□ 0.9% sodium chloride infuse 125 mLs/hr during Lemtrada infusion and 2 hours post infusion.**

**□ Hydration: \_\_\_\_\_\_\_ mLs for \_\_\_\_\_\_\_\_\_ days.**

**□ Patient is required to stay 2 hours post infusion**