DURANGO INFUSION

INFUSION SUITE		LEMTRADA INFUSION ORDERS	
Durango Infusion Center		**Phone: 970-828-3500**	**Fax: 970-828-3501**
270 E 8th Ave Ste N101 Durango, CO 81301			
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		**DOB:**	
MEDICAL INFORMATION			
ICD10:		**Patient Height:**	
Patient Weight (kg):		**Allergies:**	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
CMP:_____ CBC w. Diff:_____ UA w. CR:_____ TSH:_____ LFT's:_____			
ECG:_____ TB:_____			
Additional labs:			
☐ **Insert IV**	☐ **Access Port/PICC**		
PREMEDICATIONS 30 minutes prior to starting			
☐ **Acetaminophen:**	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1 ☐ 1000mg PO X1
☐ **Diphenhydramine:**	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV X1 ☐ 50mg PO X1
☐ **Solumedrol:**	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1	☐ Loratadine 10mg PO X1	
☐ **Ibuprofen:**	☐ 400mg PO X1		
☐ **Acthar Gel:**	☐ 1mg subcutaneous every day X 5 days beginning 2 days before 1st infusion ***Steroid allergy***		
☐ **Albuterol Inhaler:**	☐ 5mg/ml PRN for bronchospasm		
☐ **Antiemetic**	☐ Zofran 4mg IV X 1	☐ Zofran 4mg ODT X 1	
☐ **Additional PRN:**			
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LEMTRADA ORDERS			
☐ Initial:	12mg IV in 100mL NS over 4 hours daily X 5 days		
☐ Subsequent:	12mg IV in 100mL NS over 4 hours daily X 3 days - 1 year from last treatment		
POST INFUSION			
☐ Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
☐ Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
☐ Monitor patient for at least 2 hours post infusion			
☐ Discharge home ☐ May keep IV/Port for successive treatments			
Referring Provider Printed:			
Referring Provider Signature:		**Date:**	
Referring Provider Phone:		**Referring Provider Fax:**	
DNG Provider Printed:			
DNG Provider Signature:		**Date:**	

Credentials must be included

Infusion Directions:

- Withdraw 1.2mL of Lemtrada from the vial in 100mL NS, gently invert bag to mix
- Cover the IV solution bag to protect from light and infuse over 4 hours; no filter required for tubing

Nursing Consideratons:

- Confirm patient, provider, and facility are enrolled in REMs program
- Confirm patient is up to date on current vaccines and that patient is vaccinated or immune to varicella zoster virus.
- Confirm patient has been started on antiviral prophylaxis for herpetic viral infections