

INFUSION SUITE		LEQEMBI INFUSION ORDERS		
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500 Fax: 970-828-3501		
PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards				
Name:		DOB:		
MEDICAL INFORMATION				
ICD10 / Diagnosis:		Height:		
Allergies / Hypersensitivities:		Weight (kg):		
		*Weigh patient at each visit		
REQUIRED CLINICAL DOCUMENTATION				
<input type="checkbox"/> MRI prior to initiation (<1 year old)		<input type="checkbox"/> MRI before 5th, 7th and 14th infusion		
<input type="checkbox"/> Confirm the presence of amyloid beta pathology prior to initiating treatment (< 1 year old)				
<input type="checkbox"/> Cognitive test results (MoCA is preferred) prior to initiating treatment				
<input type="checkbox"/> Functional assessment results (FAQ is preferred) prior to initiating treatment				
<input type="checkbox"/> ApoE Epsilon 4 Genetic Testing				
Additional labs:				
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting				
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1	<input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1	<input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Methylprednisolone:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1	
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cetirizine 10mg PO X1		<input type="checkbox"/> Loratadine 10mg PO X1	
<input type="checkbox"/> Additional PRN:				
LEQEMBI ORDERS				
<input type="checkbox"/> Leqembi 10mg/kg IV in 250mL over 1 hour every 2 weeks X _____				
POST INFUSION				
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.				
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess				
<input type="checkbox"/> Discharge home				
Signature:		Date:		
Provider Name/Credentials:		NPI:		
Provider Name/Credentials:		Provider Name/Credentials:		
Provider Name/Credentials:		Provider Name/Credentials:		
Provider Name/Credentials:		Provider Name/Credentials:		

Infusion Directions:

- Remove vial and allow to come to room temp before administration
- Withdraw the weight-based dosing of Leqembi from vial and inject into a 250mL bag of NS. Gently invert to mix
- Infuse over approximately one hour using low-protein binding 0.2 micron in-line filtered tubing