

INFUSION SUITE		TYSABRI INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
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			
<input type="checkbox"/> JCV every 3 months		<input type="checkbox"/> JCV every 6 months	
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"/> Diphenhydramine:		<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1
<input type="checkbox"/> Methylprednisolone:		<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg 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:		<input type="checkbox"/> 650mg PO X1	<input type="checkbox"/> 1000mg PO X1
		<input type="checkbox"/> 50mg IV X1	<input type="checkbox"/> 50mg PO X1
		<input type="checkbox"/> 125mg IV X1	
TYSABRI ORDERS			
<input type="checkbox"/> Tysabri		300mg IV every _____ weeks X _____	
*PI requires Q4 weeks			
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 after 1 hour observation time			
<input type="checkbox"/> Discharge home without observation time			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

***Credentials must be included**

Infusion Directions:

- Remove vial and allow to warm to room temperature
- Withdraw 15mL of Tysabri from vial and inject into a 100mL bag of NS
- Gently invert to mix
- Infuse over 60 minutes (no filter required for tubing)

Nursing Considerations:

- Per the PI, patients are to be observed for the first 12 infusions. If no reactions occur, they do not have to stay for the observation hour. Defer to provider preference for observation time.