DURANGO INFUSION

INFUSION SUITE	KISUNLA 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	
☐ MRI prior to initiation (<1 year old)	☐ MRI before 2nd, 3rd, 4th and 7th infusion
☐ Confirm the presence of amyloid beta pathology prior to initiating treatment (< 1 year old)	
☐ Cognitive test results (MoCA is preferred) prior to initating treatment	
☐ Functional assessment results (FAQ is preferred) prior to initating treatment	
☐ ApoE Epsilon 4 Genetic Testing	
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
☐ Methylprednisolone:	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1	
☐ Antihistamine	☐ Cetirizine 10mg PO X1		☐ Loratadine 10mg PO X1	
☐ Additional PRN:				

KISUNLA ORDERS
☐ Infusion 1: Kisunla 350 mg in _____mL over 30 minutes X1
☐ Infusion 2: Kisunla 700 mg in _____mL over 30 minutes X1
☐ Infusion 3: Kisunla 1,050 mg in _____mL over 30 minutes X1
☐ Infusion 4: Kisunla 1400 mg in _____mL over 30 minutes X1
☐ Maintanence: Kisunla 1400mg in _____mL over 30 minutes every 4 weeks X _____

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
☐ Discharge home following 30 minute observation time
☐ Discharge home without observation

Signature:		**Date:**	
Referring Provider Printed:			
Referring Provider Signature:		**Date:**	**NPI:**
Referring Provider Phone:		**Referring Provider Fax:**	
DNG Provider Printed:			
DNG Provider Signature:		**Date:**	

Infusion Directions:

- Remove vial and allow to come to room temp before administration
- Withdraw the Kisunla from vial and add to NS with a final constitution of 4mg/ml-10mg/ml. Gently invert to mix
- Infuse over 30 minutes with regular tubing

Table 4: Preparation of KISUNLA

KISUNLA Dose (mg)	KISUNLA Volume (mL)	Volume of 0.9% Sodium Chloride Injection Diluent (mL)	Final Volume of Diluted Solution to be Infused (mL)	Final Concentration of Diluted Solution (mg/mL)[a]
350 mg	20 mL	15 mL to 67.5 mL	35 mL to 87.5 mL	350 mg/87.5 mL (4 mg/mL) to 350 mg/35 mL (10 mg/mL)
700 mg	40 mL[b]	30 mL to 135 mL	70 mL to 175 mL	700 mg/175 mL (4 mg/mL) to 700 mg/70 mL (10 mg/mL)
1,050 mg	60 mL[c]	45 mL to 202.5 mL	105 mL to 262.5 mL	1,050 mg/262.5 mL (4 mg/mL) to 1,050 mg/105 mL (10 mg/mL)
1,400 mg	80 mL[d]	60 mL to 270 mL	140 mL to 350 mL	1,400 mg/350 mL (4 mg/mL) to 1,400 mg/140 mL (10 mg/mL)