DURANGO INFUSION

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			
☐ MRI prior to initiation (<1 year old)	☐ MRI before 5th, 7th and 14th 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:				

LEQEMBI ORDERS
☐ Leqembi 10mg/kg IV in 250mL over 1 hour every 2 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

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 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