

Infusion

Ocrelizumab (Ocrevus)



PATIENT INFORMATION

Patient Name: _____ DOB: _____
Date: _____ Allergies: _____ Pt. Weight _____ lbs/kg
Follow-up Provider (if different than ordering provider): _____
Diagnosis and ICD-10: _____

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

- New Ocrevus Patient:** Ocrelizumab 300mg IV once and then repeat same dose 2 weeks after initial infusion for combined loading dose. Starting 6 months after the 2nd dose, give 600mg IV once and every 6 months thereafter.
- Established Ocrevus Patients:** Give Ocrelizumab 600mg IV in 500mL NS once every 6 months.

Administration instructions

For 300mL dose. Administer diluted in 250mL NS for a drug concentration of 1.2mg/mL, increase by 30mL every 30 minutes as tolerated to a maximum rate of 180mL/hr. Monitor patient for 1 hour post infusion.

For 600mL dose, dilute in 500mL NS. Start infusion at 40mL/hr and increase by 40mL every 30 minutes as tolerated to a maximum rate of 200mL/hr. Stop medication for life threatening infusion reactions and do not rechallenge. For mild to severe infusion reactions once all symptoms have resolved, restart the infusion at half the rate when stopped. If tolerated, resume the rate titration as listed above. Administer the diluted infusion solution through a dedicated line using an infusion set with a 0.2 or 0.22 micron in-line filter.

- Follow SH Infusion reaction algorithm for symptom of infusion reaction and notify the provider if implemented

Pre-meds (drug, dose, and route): **REQUIRED a minimum of 30 minutes prior to starting Ocrelizumab**

- Diphenhydramine 50mg IV and Methylprednisolone 100mg IV
- Acetaminophen 650mg PO

PRN:

- Ondansetron 4mg IV PRN N/V once
- Other (drug, dose, route and frequency) _____

HBVsAG and anti-HBV date of testing and results: _____

- Lab before each infusion: CMP CBC w/diff

Other _____

- Contact provider prior to infusion if patient reports changes from previous infusion related to: active infection especially URI, illness (with or without fever) active cancer, symptoms of hepatitis, jaundice, changes in LOC, confusion, or other neurological symptoms
- Notify provider if infusion NOT given or patient status is 'No Show' for his or her appointment.

PATIENTS WITH CENTRAL LINE ACCESS:

Select one: Patient has a PICC Implanted port Other CVAD Patient does not have a CVAD

- Central line care per Salem Health CVAD Access Policy & Procedure. (Lippincott)
- 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.) Notify Physician or Provider
- Alteplase/cathflo 2mg IV MR X1 instilled into central catheter per Salem Health Central Venous Access Device declotting (Lippincott) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow

Provider Signature

Provider Printed Name

Date/Time:

salemhealth.org

Infusion

Appointment line: 503-814-4638
Fax: 503-814-1465
Clinic Hours:
(M-F: 8 a.m. - 4:30 p.m.,
Sat-Sun & Holidays 8 a.m. - 2:30 p.m.)

PATIENT LABEL