ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN

Allergies/Reactions:

Fax all infusions to: 833-380-8800

Please mark the appropriate infusion center:

- ❑ Allenmore Infusion Center
- ❑ Auburn Infusion Center
- ❑ Gig Harbor Infusion Services
- ❑ Puyallup Infusion Center
- ❑ DHEC Infusion Center
- ❑ North Spokane Infusion Center
- ❑ North Star Lodge Infusion Center

ORDERS WITH CHECK BOXES When an order is optional (those with check boxes), physicians are responsible for indicating a check mark in the box next to the order. Orders left unchecked will not be initiated.

Multiple Sclerosis (Methylprednisolone and Natalizumab)

Patient Name:_____ Requested Date of Service: _____ /_____ /_____

Date of Birth: _____ /_____ /_____ Patient Phone Number: (_____) _____ - _____ ❑ May leave message

Diagnosis: ❑ Multiple Sclerosis

❑ Other_____

ICD -10 Code:

❑_____

❑_____

Required: H&P with documentation to support above diagnosis including ICD-10 code and supporting labs and documentation confirming patient is currently registered with the Tysabri Touch program

If required documentation not received with order, scheduling of treatment will be delayed until complete information is available

Baseline labs required Natalizumab (Tysabri): CMP and CBC

- Latent TB testing Date: _____/_____/_____ Results: _____

Maintenance labs required Natalizumab (Tysabri): CMP every 6 months

☑ **IV Access:** Access and/or maintain IV site in accordance with MHS IV Therapy P&P: Peripheral IV Device Site Selection, Insertion, Maintenance, and Discontinuation; and Maintenance of Central Venous Catheters-Flushing, Dressing Changes and Removal.

Treatment Regimen (Tysabri):

❑ Methylprednisolone 250 mg IV infusion over 15 minutes prior to initial 3 Natalizumab infusions

❑ Natalizumab (Tysabri) 300 mg IV infusion over 60 minutes every 4 weeks

Other:

❑ Methylprednisolone 1000 mg IV infusion over 60 minutes daily for 3 doses OR _____

☑ **Vital Signs:** Check vital signs prior to and at completion of infusion.
Contact provider if systolic BP >180; diastolic BP >100; systolic BP <90; HR >110; temp >38C (100.4F)

☑ **Special Instructions for Natalizumab (Tysabri):** If stable 60 minutes post infusion may discharge home. If no infusion-related events with previous 6 infusions may waive post infusion monitoring and discharge patient home at completion of infusion.

If hypersensitivity develops (fever, chills, hypotension, rigors, itching, rash, etc.):

- Consult MultiCare hypersensitivity guideline for treatment management
- Notify provider of reaction, assessment and need for futher orders

Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.

Was consent obtained: ❑ Yes ❑ No (if yes, please send DOCUMENTATION of consent with order)

Provider Signature	Print Name	Date	Time

Another brand of drug, identical in form and content, may be dispensed unless checked ❑

Orders expire in 12 months**

Patient Identification - Always Attach Patient Label

Name:

MRN #:

CSN #:

Age / Sex and Gender:

Pre-printed Order

MULTIPLE SCLEROSIS

MultiCare

78-0021-3MR (Rev. 9/24)