

Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Natalizumab (TYSABRI) Infusion

(8/2024)

Page 1 of 3

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET** and **H&P or most recent chart note**.
2. Natalizumab is restricted to credentialed prescribers only through the TOUCH™ Prescribing Program
 - a. Prescribers **MUST** be enrolled in the TOUCH™ Prescribing Program
 - b. Patients **MUST** be enrolled in the TOUCH™ Prescribing Program
 - c. Contact the TOUCH™ Prescribing Program at 1-800-456-2255 for details and enrollment
 - d. Notify Biogen Customer Service of any adverse reactions at 1-800-456-2255

LABS:

- CMP Routine, ONCE, every _____ (visit)(days)(weeks)(months) –Circle One
- CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- HCG Qual, URINE, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- Stratify JC Virus Antibody with Reflex to Inhibition Assay, SERUM, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- Other _____

NURSING ORDERS:

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, clotting (alteplase), and/or dressing changes.
2. VITAL SIGNS – Obtain vital signs before start of Natalizumab infusion and at end of infusion.
3. Do not need lab results of CBC + Diff and/or CMP to start Natalizumab infusion. If HCG urine test is ordered, please verify that the urine test is negative before starting the Natalizumab infusion.
4. Review “Medication Guide” with patient. Review and complete TOUCH™ on-line checklist with patient. Proceed according to guidelines.
5. Encourage patient to continue follow-up with physician every 3 months.
6. Observe patient for infusion related reaction during and for 1-hour post infusion. For patients who have received 12 infusions without a hypersensitivity reaction, post infusion observation is not necessary. Discharge when stable.
7. Assess patient for signs of infection - notify provider if present.
8. If ordered draw the STRATIFY JC VIRUS ANTIBODY W/ REFLEX TO INHIBITION ASSAY, SERUM lab before Tysabri infusion. Result is not needed to proceed with treatment.
9. Check most recently drawn titer to make sure it is negative prior to proceeding with treatment. Hold treatment and contact patient's neurology provider if positive.
10. IV fluid is set up as a primary line with medication as secondary line.

(cont.)



Columbus Community Hospital

Columbus, Nebraska
DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

**PHYSICIANS ORDERS
(including Medications)**

Natalizumab (TYSABRI) Infusion

Page 2 of 3

11. HYPERSENSITIVITY/INFUSION REACTION – If infusion reaction occurs:

- a. STOP INFUSION
- b. Infuse normal saline at 100 to 200 mL/hr when Natalizumab is stopped for emergency or PRN medication
- c. DO NOT RESUME INFUSION. Notify provider and Biogen Customer Service (1-800-456-2255) of adverse reaction. Discontinue all future Natalizumab infusions.

PRE-MEDICATIONS:

- Sodium chloride 0.9% solution, 250 mL, intravenous, infuse at 25 ml/hr TKO until natalizumab is started and for 1 hour after infusion is complete, then discontinue.

MEDICATIONS:

- Natalizumab (TYSABRI), 300 mg, intravenous, in sodium chloride 0.9% 100 mL, ONCE, over 60 minutes
Interval: (must check one)
 - Once
 - Every 4 weeks x ____ doses
 - Every 4 weeks until discontinued

HYPERSENSITIVITY:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop **STOP THE INFUSION.**
2. Obtain vital signs and continue to monitor vitals every 5 minutes.
3. Notify ordering provider.
4. Refer to **Adult Hypersensitivity (HSR) & Allergic Reaction Management** algorithm for assessment guidelines and interventions.
5. Continue to assess as grade of severity may progress.
6. Administer emergency medications as directed on the physician's orders.

HYPERSENSITIVITY MEDICATIONS:

- **Acetaminophen, 975 mg**, PO, x 1 dose, AS NEEDED for hypersensitivity or infusion reaction.
- **DiphenhydrAMINE inj, 50 mg**, IV, AS NEEDED for hypersensitivity or infusion reaction. May repeat x 1 AS NEEDED per reaction management algorithm.
- **Hydrocortisone Sodium Succinate, 100 mg**, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- **Famotidine, 20 mg**, IV, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.
- **Oxygen, 2 Liters/min** per nasal cannula for hypersensitivity or infusion reaction.
- **0.9% Normal Saline, 1000 mL**, IV, 150mL/hr, AS NEEDED for hypersensitivity or infusion reaction.
- **EPINEPHrine HCl (1mg/1mL), 0.3 mg**, IM injection, AS NEEDED x 1 dose for hypersensitivity or infusion reaction.

My NPI number is _____ **(MUST BE COMPLETED TO BE A VALID PRESCRIPTION)**; and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

(cont.)



Columbus Community Hospital

Columbus, Nebraska

DOCTORS ORDERS

PLEASE NOTE: Condition of Wound, Removal of Stitches, Consultation, Change in Diagnosis, Complications, Condition on Discharge, Instructions of Patient.

PLEASE SIGN AND DATE EACH ENTRY

PLEASE INDICATE / ALLERGIES

NONE	CODEINE	PENICILLIN	SULFA	ASPIRIN	OTHER	HEIGHT
REACTION						WEIGHT

Authorization is granted to supply medications by non-proprietary name unless checked here

PHYSICIANS ORDERS (including Medications)

Natalizumab (TYSABRI) Infusion

Page 3 of 3

Provider signature: _____ Date/Time: _____ Printed Name: _____ Phone: _____ Fax: _____

