Kane Hall Barry INFUSION

GENERAL NEUROLOGY | NEUROLOGICAL TESTING
NEUROMUSCULAR DISORDERS | NEUROPSYCHOLOGY | INFUSION

5807.0001@direct.khb.nextgenshare.com
KaneHallBarry.com

1305 Airport Freeway Suite 205 Bedford, TX 76021
Phone: (817) 553-1325 | Fax: 817-553-1393

AN OUTPATIENT MEDICAL CENTER SPECIALIZING IN INFUSION AND NON-NARCOTOIC INJECTIBLE MEDICATIONS

Ocrevus® (Ocrelizumab) Orders

Please type or print. Complete ALL fields and fax to 817-553-1393. You will receive a notice within 1-2 business days that your referral has been received and in process. An incomplete form will delay the processing/scheduling of the patient. Thank you for your referral and allowing us to partner with you in the care of your patient. Call 817-553-1325 with any questions.

Patient Name: _____ **DOB:** _____

Phone: _____ **Allergies:** _____

Weight: _____ ❑ **lbs/**❑ **kg** **Primary Diagnosis** Multiple Sclerosis **ICD-10:** G35
(Please include supporting documentation with referral to avoid delay in processing.)

Prior to infusion please obtain and send results with your order:

- ❑ HBV screening --Core antibody (HBcAb), surface antigen (HBsAg) , and surface antibody (Anti-HBs) --within last 6 months
- ❑ Patient Demographics including copies of insurance cards
- ❑ Last office visit notes (include supporting documentation to avoid delay in processing)

Prescription:

- Start Peripheral IV Saline lock.
- Flush IV line with 3 to 10ml 0.9% Sodium Chloride before and after IV medication administration.

Administer as premed:

- Diphenhydramine 25-50mg IV or PO 30-60 minutes prior to treatment (may repeat if needed)
- Methylprednisolone 100 mg IV 30 minutes prior.
- _____

❑ Initial Dose - 300 mg/10mL in 250ml 0.9% Sodium Chloride (Repeat 2 weeks later)

- Start at 30mL per hour
- Increase by 30mL per hour every 30 minutes—Max 180mL per hour

❑ Subsequent Dose - 600mg/10mL in 500ml 0.9% Sodium Chloride (every 6 months)

- Start at 40mL per hour
- Increase by 40mL per hour every 30 minutes—max 200 mL per hour

If needed:

- If nausea develops may administer Ondansetron 4mg IVP as needed every 6 hours , may repeat x1 . Promethazine 12.5 mg IV as needed for nausea every 6 hours, may repeat x1.
- If headache/fever/aches develops may administer Tylenol 1 gm PO as needed every 8 hours. May alternate with Ibuprofen 400mg PO every 6 hours for aches/pain. May give Ketorolac 30mg IVP as needed every 6 hours for pain/headache.

Ordering Provider Information

Name _____

Address _____

_____

NPI # _____

Signed _____

Office Contact Information

Name _____

Phone ( ) _____-_____

Fax ( ) _____-_____

Email _____

Date _____/_____/_____