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KaneHallBarry.com

GENERAL NEUROLOGY | NEUROLOGICAL TESTING
NEUROMUSCULAR DISORDERS | NEUROPSYCHOLOGY | INFUSION

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ULTOMIRIS ORDER

Patient's name: _____ Patient's DOB ____/____/____
Height: _____ Weight: _____
Diagnosis/ ICD- 10 code: _____
Allergies: _____

MENINGITIS VACCINATIONS:

_____ MenACWY-2 doses at least 8 weeks apart. A single booster every 5 years.

+

_____ MenB-4C: 2 doses at least 1 month apart. A single booster dose 1 year after primary series and every 2-3 years.

OR

_____ MenB-FHbp: 3 doses 0,1-2, and 6 months. A single booster dose 1 year after primary series and then every 2-3 years.

CHOOSE ONE	BODY WEIGHT	LOADING DOSE (2 WEEKS AFTER LAST SOLIRIS INFUSION)	MAINTENANCE DOSE (2 WEEKS AFTER LOADING DOSE)	THEN INFUSE EVERY 8 WEEKS AFTER MAINTANENCE DOSE
	40 TO <60	2400	3000	3000
	60 TO <100	2700	3300	3300
	100 OR GREATER	3000	3600	3600

1. _____ START PIV (OR) -FLUSH LINE WITH 10 ML SODIUM CHLORIDE 0.9% AND 5 ML BEFORE AND AFTER INFUSION.
_____ ACCESS MEDIPOINT OR CENTRAL LINE – FLUSH WITH 10 ML SODIUM CHLORIDE 0.9%. FLUSH WITH 5 ML NS BEFORE AND AFTER INFUSION. AFTER INFUSION COMPLETION, FLUSH PORT WITH 400 UNITS OF HEPARIN.
2. INFUSE PER PROTOCOL.
3. OBSERVE ONE HOUR AFTER INFUSION COMPLETION.

Ordering Provider _____

Contact person: _____

NPI: _____

Phone: _____

Signature _____

Fax: _____

Date ____/____/____

Address _____
