

ALL ORDERS MUST BE SIGNED, DATED AND TIMED BY PHYSICIAN

Allergies/Reactions:

- Puyallup Infusion Center - Fax: 253-697-5066
- Gig Harbor Infusion Services - Fax: 253-530-8069
- Allenmore Ambulatory Infusion Services - Fax: 253-864-4052
- DHEC Infusion Center - Fax: 509-755-5845
- Auburn Infusion Services - Fax: 253-876-8282
- North Spokane Infusion Center - Fax: 509-232-2531

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 further 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

