

Physician's Orders

EDARAVONE (RADICAVA), INITIAL/SUBSEQUENT - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 of 3

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Treatment Intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Types: NON-ONCOLOGY SUPPORTIVE CARE

Synonyms: ALS, AMYOTROPHIC LATERAL SCLEROSIS, RADICAVA, NEUROLOGY

Cycle 1

Cycle length: 28 days

Days 1,2,3,4,5,6,7,8,9,10,11,12,13,14

Perform every 1 day x 14

Appointment Requests

● ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

Interval: Once Occurrences: 14 Treatment Days
 Expected: S, Expires: S+365, 150 minutes (calculated), No date restriction, clinic performed

EDARAVONE (RADICAVA): ensure there are 14 days between INITIAL CYCLE of 14 daily visits and SUBSEQUENT CYCLES. Patient should have a 14-day drug free period.

Safety Parameters and Special Instructions

● ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

Interval: Once Occurrences: 14 Treatment Days
 Comments: EDARAVONE (RADICAVA): CONFIRM that there has been a 14-DAY DRUG FREE PERIOD between each 14-DAY TREATMENT CYCLE OF EDARAVONE.

Vitals

● VITAL SIGNS

Interval: Every 30 min Occurrences: 14 Treatment Days
 Comments: Vital signs (HR, RR, BP) prior to therapy, every 30 minutes (at the end of the first bag) x 2, and again 30 minutes after end of infusion (30 minutes after end of second bag).

Nursing Orders

● ONC NURSING COMMUNICATION 14

Interval: Once Occurrences: 14 Treatment Days

Comments: EDARAVONE (RADICAVA): Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat). Note: This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

Notify provider if patient experiences signs of hypersensitivity reaction.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

**EDARAVONE (RADICAVA),
INITIAL/SUBSEQUENT -
ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)**

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Nursing Orders

 ONC NURSING COMMUNICATION 100

 Interval: Until discontinued Occurrences: 14 Treatment Days
 Comments: May Initiate IV Catheter Patency Adult Protocol

Medications

 edaravone (RADICAVA) 30 MG/100ML IVPB premix SOLN

 Dose: 60 mg Route: Intravenous Once over 60 Minutes for 1 dose
 Start: S Occurrences: 14 Treatment Days

Instructions:

Premix. Administer as 2 consecutive 30 mg bags (60 mg total) over 60 minutes total. Do not mix edaravone with other medications. Once overwrap package is opened, use within 24 hours.

Do not use if oxygen indicator has turned blue or purple before opening. Promptly discontinue if signs or symptoms of hypersensitivity reaction and contact provider.

Cycles 2 – 6

Cycle length: 24 days

Days 1,2,3,4,5,6,7,8,9,10

Perform every 1 day x 10

Appointment Requests

 ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST

 Interval: Once Occurrences: 10 Treatment Days
 Expected: S, Expires: S+365, 150 minutes (calculated), No date restriction, clinic performed, once daily for 10 days within a 14-day period

EDARAVONE (RADICAVA): ensure there are 14 days between INITIAL CYCLE of 14 daily visits and SUBSEQUENT CYCLES. Patient should have a 14-day drug free period.

Safety Parameters and Special Instructions

 ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

Interval: Once Occurrences: 10 Treatment Days

Comments: EDARAVONE (RADICAVA): CONFIRM that there has been a 14-DAY DRUG FREE PERIOD between each 14-DAY TREATMENT CYCLE OF EDARAVONE.

Vitals

 VITAL SIGNS

Interval: Every 30 min Occurrences: Occurrences: 10 Treatment Days

Comments: Vital signs (HR, RR, BP) prior to therapy, every 30 minutes (at the end of the first bag) x 2, and again 30 minutes after end of infusion (30 minutes after end of second bag).

Nursing Orders

 ONC NURSING COMMUNICATION 14

 Interval: Once Occurrences: 10 Treatment Days
 Comments: EDARAVONE (RADICAVA):

Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat). Note: This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

Notify provider if patient experiences signs of hypersensitivity reaction.

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Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.


TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician

EPIC VERSION DATE: