



Patient Name
DOB
MRN
Physician
FIN

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 | |

Cycle 1 # of cycles: _____ Cycle length: 28 days

Day 1 Perform every 1 day x1

Appointment Requests

- ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1**
Interval: -- Occurrences: --
- ONCBCN ADMIT APPOINTMENT REQUEST**
Interval: -- Occurrences: --

Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**
Interval: Until discontinued Occurrences: --
Comments: NATALIZUMAB (TYSABRI) - The REMS program requires that a Medication Guide be dispensed with this product.
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/1215104s9591bl.pdf#page=30

The prescriber (or infusion nurse) will complete the Pre-Infusion Patient Checklist with each patient prior to each infusion and submit to Biogen within 1 business day of the patient's visit.
For more information: <https://www.touchprogram.com/TTP/>

Purpose:
To increase awareness of the risk of progressive multifocal leukoencephalopathy (PML) associated with Tysabri, including the increased risk with longer treatment duration, prior immunosuppressant use, and the presence of anti-Jamestown Canyon virus antibodies; to warn against concurrent use of antineoplastic, immunosuppressant, or immunomodulating agents, and in immunocompromised patients; and to promote early diagnosis of PML and timely discontinuation of Tysabri if PML is suspected.

CONTINUED ON PAGE 2 →

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



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.



Patient Name
DOB
MRN
Physician
FIN



Provider Reminder

ONC PROVIDER REMINDER 28

Interval: Once
Comments:

Occurrences: --

Order MRI Brain once per year.

In reference to increasing the risk of PML consider 3 known risk factors:

- Treatment periods beyond 2 years
- Prior treatment with immunosuppressants
- Presence of JVC antibodies.

Labs

HEPATIC FUNCTION PANEL

Interval: --

Occurrences: --

Note: Natalizumab should be discontinued in patients with Jaundice or other laboratory evidence of substantial liver injury.

Labs

STRATIFY JCV ANTIBODY (WITH INDEX) W/REFLEX TO INHIBITION ASSAY

Interval: --

Occurrences: --

Nursing Orders

ONC NURSING COMMUNICATION

Interval: Until discontinued

Occurrences:

Treatment Parameters

ONC MONITORING AND HOLD PARAMETERS

Interval:--

Occurrences: --

Comments:

Premedications

Premedications (include dose, frequency, and timing in relation to chemotherapy):

Interval:

Occurrences: --

Comments:

Vitals

VITAL SIGNS

Interval: PRN

Occurrences: --

Comments:

Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms.



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.



Patient Name
DOB
MRN
Physician
FIN

Medications

natalizumab (TYSABRI) 300 mg in sodium chloride 0.9 % 115 mL IVPB

Dose: 300 mg Route: Intravenous Once over 1 Hours for 1 dose
Start: S End: S

Instructions: Patients should be closely monitored for signs and symptoms of hypersensitivity during the infusion and for at least 1 hour after the infusion is complete. The infusion should be discontinued if a reaction occurs, and treatment of the reaction should be instituted. Following infusion, flush line with 0.9% NS.

Table with 6 columns: Ingredients, Name, Type, Dose, Selected, Adds Vol. Contains details for NATALIZUMAB 300 MG/15ML IV CONC and SODIUM CHLORIDE 0.9 % IV SOLN.

Medications

sodium chloride 0.9% bolus injection 100 mL

Dose: 100 mL Route: Intravenous Once for 1 dose
Start: S End: S

Instructions: To mix with natalizumab when patient supplies medication.

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.

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.

Table with 7 columns: TRANSCRIBED (TIME, DATE), VALIDATED (TIME, DATE), ORDERED (TIME, DATE), and Physician #. Includes Sign, R.N. Sign, Physician Print, and Physician fields.

EPIC VERSION DATE: