Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy
477 W. Horton Rd
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

Patient Name: _____

Date of Birth: _____ Wt: _____Ht:_____

IV Access: _____

Allergies: _____

Tysabri Order Form

Please complete this form and fax to (360)933-1197. Call our office for pharmacist recommendations.

Diagnoses:

- ❑ Multiple Sclerosis — ICD-10: G35
- ❑ Crohn's disease — ICD-10: _____
- ❑ Other: _____ ICD-10: _____

Has patient received Tysabri before? ❑ No ❑ Yes (date of last infusion: _____)

Medication Orders:

- Tysabri (natalizumab) ❑ 300 mg/100 ml NS IV over 1 hour every 4 weeks
  ❑ Other dose/instructions: _____
- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
- Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

- If no central IV access, RN to insert peripheral IV.
- Monitor for infusion reactions during infusions.
- Observe for at least 1 hour after completion for the first 12 infusions; subsequent monitoring period to be determined by clinical judgment if no hypersensitivity reaction has been observed.
- Other: _____

Labs:

❑ CBC w/diff	❑Each infusion	❑Other frequency_____
❑ CMP	❑Each infusion	❑Other frequency_____
❑ Hepatic function panel	❑Each infusion	❑Other frequency_____
❑ T cell subsets (Lymphocyte panel)	❑Each infusion	❑Other frequency_____
❑ JC Virus Antibody with Index	❑Each infusion	❑Other frequency_____
❑ Tysabri Antibody	❑Each infusion	❑Other frequency_____
❑ TSH	❑Each infusion	❑Other frequency_____
❑ Vitamin D	❑Each infusion	❑Other frequency_____
❑ Other: _____	❑Each infusion	❑Other frequency_____
❑ Other: _____	❑Each infusion	❑Other frequency_____

_____ _____

Prescriber Signature *Date*

_____

Please Print Name

Key: ◆ Orders are initiated unless crossed out by provider. ❑ Check box to initiate order.

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