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

- **Orders are initiated unless crossed out by provider.**
- ❑ **Check box to initiate order.**

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, rotate site every 72 to 120 hours or as needed.
- Monitor for infusion reactions during infusions, and observe for at least 1 hour after completion.
- 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