ChristianaCare

DOCORD

ChristianaCare Outpatient Ambulatory Infusion

DOCTOR'S ORDER SHEET
OCRELIZUMAB (OCREVUS)

Side 1 of 2

Instructions:

1. Do not return charts with new or changed orders to rack.
2. Mark requested orders and/or boxes if indicated.

• Pre-marked box orders will be performed unless otherwise noted.
• No conditional (dependent on the approval of another physician) medication orders will be honored.

DOCTOR'S ORDER	REQUISITIONED	NOTED

Patient's Name: _____

Patient's Date of Birth: ____/____/____

Allergies: _____ ☐ NKDA

Indication/Diagnosis: _____ (ICD-10 Code & Title)

Patient Weight: _____ kg

Pre-Medications:

NOTE: Consider administration of pre-medication before each dose of Ocrelizumab to reduce risk of infusion-related reactions. Give 30 minutes prior to infusion, if checked:

☐ DiphenhydrAMINE 25 mg orally x1

☐ Acetaminophen 650 mg orally x1

☐ MethylPREDNISolone 100 mg IV x1

☐ Other: _____

Medication

☐ Ocrelizumab 300 mg IV day 1 and day 15 (Initial Induction Dosing)

☐ Ocrelizumab 600 mg IV x 1 (Maintenance dosing to begin 6 months after first 300mg dose then every 6 months subsequently)

☐ Ocrelizumab Hyaluronidase 920 mg/23 ml subcutaneous injection every 6 months

_____ _____

Signature/Title Contact phone #

_____ _____/_____/_____ _____

Print Name or ID# Date Time

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Key:

BID	- Twice daily	mg	- Milligram
D/C	- Discontinue	min	- Minute
hr	- Hour	mL	- Milliliter
IM	- Intramuscular	ng	- Nanogram
IV	- Intravenous	NPO	- Nothing by mouth
kg	- Kilogram	NSS	- Normal saline solution
L	- Left	PCA	- Patient controlled analgesia
LD	- Loading dose	PO	- By mouth
LR	- Lactated ringers	PRN	- As needed
mcg	- Microgram	R	- Right
MD	- Maintenance dose	TID	- Three times daily