

**TY SABRI INFUSION ORDERS**

Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\*\*\* Due to the risk of Progressive Multifocal Leukoencephalopathy (PML), Tysabri is restricted through a "REMS" requirement and is only available through the "TOUCH" Prescribing Program. **THE NURSE MUST CONFIRM PATIENT IS AUTHORIZED to receive Tysabri; SCAN THE COMPLETED Pre-Infusion Patient Checklist TO THE PHARMACY ALONG WITH MED ORDER; & provide patient with the Medication Guide. As part of the REMS requirement, the provider must authorize continued treatment every 6 months.**

\* Screen patients at each visit for active infection before any treatment is given, especially for any new signs/symptoms suggestive of PML (e.g. changes in thinking, memory, eyesight, balance, or strength), encephalitis, or meningitis (e.g., fever, H/A, confusion). If present, notify provider immediately.

\* Screen patients for pregnancy status and notify provider for possible pregnancy.

\* Notify provider of any signs/ symptoms suggestive of liver disease (e.g., jaundice, dark urine, nausea, abdominal pain, fatigue).

\* Avoid use of 'live' vaccinations concurrently with Tysabri.

*The following orders will be enacted unless a specific order is written to the contrary:*

**1. Please check to activate each order desired:**

- ☐ Natalizumab (Tysabri) 300 mg in 100 ml 0.9% Sodium Chloride IV infused over 1 hour every 4 weeks.  
Following infusion flush line with at least 20 ml of 0.9% Sodium Chloride IV.

**2. Monitor patient for hypersensitivity reaction during and for at least 1 hour after infusion completed.****3. Additional meds/IV fluids (Tysabri compatible with N/S only): \_\_\_\_\_****4. Premedication:** If patient experiences an infusion-related reaction, consider pre-medication prior to subsequent infusions. Patients who have experienced *hypersensitivity* reactions should **NOT** be retreated with Tysabri.

|  |   |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) 500mg PO X 1            | <input type="checkbox"/> Patient instructed to take at home |
| <input type="checkbox"/> Loratadine (Claritin) 10mg PO X 1               | <input type="checkbox"/> Patient instructed to take at home |
| --OR--   |   |
| <input type="checkbox"/> Diphenhydramine (Benadryl) 50mg PO X 1          | <input type="checkbox"/> Patient instructed to take at home |
| <input type="checkbox"/> Prednisone _____ mg PO PM night before infusion | <input type="checkbox"/> Patient instructed to take at home |
| <input type="checkbox"/> Prednisone _____ mg PO AM morning of infusion   | <input type="checkbox"/> Patient instructed to take at home |

**5. Infusion Reaction protocol: The following orders will be enacted unless a specific order is written to the contrary:**

For **MINOR** infusion reaction (e.g., headache, fever, chills, nausea, flushing)

- Continue infusion at current or decreased rate as tolerated by patient; monitor patient closely

For **MODERATE** infusion reaction (e.g., pruritus, rash, dizziness)

- STOP infusion
- Give diphenhydramine (Benadryl) 25mg IV x 1 dose
- May restart infusion after 15 minutes at a decreased rate as tolerated only if patient is asymptomatic and vital signs are stable.
- Notify provider

For **SEVERE** infusion reaction or anaphylaxis (e.g., urticaria, dyspnea, wheezing, hypotension, abdominal cramps, angioedema)

- **STOP administration of Tysabri immediately**
- For ANAPHYLAXIS: Epinephrine (EpiPen) 0.3mg (0.3ml) IM x 1 STAT, administered into anterolateral aspect of the thigh
- For HYPOTENSION: Bolus IV 0.9% Sodium Chloride 1000 ml over 1 hour
- Diphenhydramine (Benadryl) 25 mg IV X 1 dose
- Methylprednisolone (Solu-Medrol) 125 mg IV x 1 dose
- Notify provider
- Transport the patient to the Emergency Department

**PHYSICIAN SIGNATURE****DATE/TIME**

Wentworth-Douglass Hospital  
PHYSICIAN ORDERS

**NATALIZUMAB (TYSABRI) INFUSION ORDERS**

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