



Riverbend Medical Center Regional Infusion Center (RIC)
3377 Riverbend Drive Suite 502/510
Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

Ocrelizumab (OCREVUS) INFUSION (v. 01/09/2024)

Diagnosis/Indication (ICD-10): _____

* Ocrelizumab is contraindicated in patients with active hepatitis B infection. Hepatitis B screening- hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (HBcAb) need done prior to patient being schedule for ocrelizumab.

Medication:

- Ocrelizumab 300 mg in 250 mL 0.9% normal saline IV at week 0 and 2 weeks. Use 0.2 micron in-line filter. Infuse 30 mL/ hr for first hour. If no infusion related side effect, increase rate 30 mL/ hr every 30 minutes to a max rate of 180 mL/ hr.
- Starting 6 months after initial dose, Ocrelizumab 600 mg IV in 500 mL 0.9% normal saline every 6 months. Use 0.2 micron in-line filter. Infuse 40 mL/ hr for the first hour. If no infusion related side effects increase rate by 40 mL/ hr every 30 minutes to max rate of 200 mL/ hr. For patients without prior serious infusion reactions with any ocrelizumab infusion, can infuse at 100 mL/ hr for the first 15 minutes, increase to 200 mL/ hr for the next 15 mins, increase to 250 ml/ hr for the next 30 mins, increase to 300 mL/ hr for the remaining 60 minutes.
- Tylenol 650 mg PO 30 minutes prior to infusion
- Benadryl 25 mg PO 30 minutes prior to infusion
- Solu-Medrol 125 mg IV 30 minutes prior to infusion

Nursing communications:

- Vital signs: Initial, after infusion and prn
- Assess for active infection. If patient shows signs/ symptoms of infection or currently taking antibiotics, hold treatment and notify provider.
- Instruct patients that if they are pregnant or plan to become pregnant to inform their healthcare provider
- Observe patient for infusion reactions during and for at least one hour after completion of infusion
- Mild to moderate infusion reaction- Reduce infusion to ½ of the rate at which the reaction occurred, maintain the rate for at least 30 minutes. If the reduce rate is tolerated, increase rate every 30 minutes by 30 mL/ hr to maximum rate of 180 mL/ hr (300 mg dose) or 40 mL/ hr to a maximum rate of 200 mL/hr (600 mg dose).
- Severe infusion reactions- Immediately stop infusion. Notify provider and administer appropriate supportive management as needed. After symptoms have resolved, restart infusion beginning at ½ of the rate at the onset of reaction. If reduced rate is tolerated, increase rate as above
- Life threatening reaction- Immediately stop infusion. Notify provider and administer appropriate supportive care. Permanently discontinue.

Access:

- Insert peripheral IV
 - Every visit, remove after IV administration complete
- Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name and DOB _____

Provider printed name: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____



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Emergency Medications:

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic).
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (\geq 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name and DOB _____

Provider printed name: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____