



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. 05/21/2024)

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.
- n Tylenol 650 mg PO 30 minutes prior to infusion
- n Benadryl 25 mg PO 30 minutes prior to infusion
- n Solu-Medrol 125 mg IV 30 minutes prior to infusion

Nursing communications:

- n Vital signs: Initial, after infusion and prn
- n Assess for active infection. If patient shows signs/ symptoms of infection or currently taking antibiotics, hold treatment and notify provider.
- n Instruct patients that if they are pregnant or plan to become pregnant to inform their healthcare provider
- n Observe patient for infusion reactions during and for at least one hour after completion of infusion
- n 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 reduced 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).
- n 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
- n 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: _____

Provider printed name: _____

DOB: _____

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 (≥ 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 (≥ 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**
Emergency medications can be given IM if IV route unavailable

Patient name: _____

DOB: _____

Height _____ Weight _____

Provider printed name: _____

Provider signature: _____

Date: _____ Time: _____