



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

## NATALIZUMAB (TYSABRI) INFUSION [11500296] Columbia Network Infusion Centers

Select Location:  Southwest/Vancouver  St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

### Provider Communication Orders

- Physician Communication Once  
*Patient must be enrolled in TOUCH program prior to starting treatment.*

### Supportive Care

### Interval

- natalizumab (TYSABRI) infusion Route: IV  
Dose 300 mg Frequency Every 28 Days

### Nursing Orders

### Interval

- Nursing Communication PRN  
*Review TOUCH program/Tysabri checklist with patient. Proceed according to guidelines.*
- Nursing Communication PRN  
*Check patient vital signs prior to Tysabri infusion and after infusion complete.*
- Nursing Communication PRN  
*Patient may be discharged when the following are met: Vital Signs stable, Patient does not display any evidence of adverse reaction. For infusions # 1-12: must be monitored for 60 min after infusion. If no reaction is observed in the first 12 infusions, post-infusion observation not required for # 13 and beyond.*

### Vascular Access (single select)

### Interval

- IV Every Visit
  - Insert peripheral IV
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care*
- Central line (non-PICC) Every Visit
  - Access vascular device and confirm patency
  - Initiate Central line (non-PICC) maintenance protocol
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care prior to medication administration PRN*
  - sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care post medication administration PRN*
  - sodium chloride (NS) flush 20 mL  
*20 mL As Needed for Line Care post lab draw PRN*
  - sodium chloride (NS) flush 10 mL  
*10 mL for Line Care at discharge and de-access every visit*

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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**NATALIZUMAB (TYSABRI) INFUSION**

- heparin 100 units/mL 5 mL  
5 mL for de-access PRN
- alteplase (CATHFLO) injection 2 mg  
*Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

**O PICC line** Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication  
*Change PICC line dressing weekly and PRN*
- sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care prior to medication administration PRN*
- sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care post medication administration PRN*
- sodium chloride (NS) flush 20 mL  
*20 mL As Needed for Line Care post lab draw PRN*
- alteplase (CATHFLO) injection 2 mg  
*Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

**PRN Medications**

**Interval**

- |                       |  |     |           |
|-----------------------|--|-----|-----------|
| <input type="radio"/> | sodium chloride (NS) flush 10 mL<br><i>10 mL As Needed for Line Care</i>   | PRN | Route: IV |
| <input type="radio"/> | sodium chloride 0.9 % bolus 500 mL<br><i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN | Route: IV |

**Emergency Medications**

**Interval**

- |                                     |  |     |                      |
|-------------------------------------|--|-----|----------------------|
| <input checked="" type="checkbox"/> | diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV            |
| <input checked="" type="checkbox"/> | albuterol 90 mcg/actuation inhaler 2 puff<br><i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>   | PRN | Route: Inhalation    |
| <input checked="" type="checkbox"/> | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg<br><i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>  | PRN | Route: IV            |
| <input checked="" type="checkbox"/> | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg<br><i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (&gt;= 40 points in SBP), shortness of breath with wheezing and O2Sat &lt;90%), and contact provider.</i>  | PRN | Route: Intramuscular |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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