

Place patient identification  
sticker here

**DOCTOR'S ORDER SHEET –  
PHARMACY – TYSABRI (natalizumab)**

Allergies: <input type="checkbox"/> NKA		Height _____	Weight _____	kg
<b>****UNAPPROVED ABBREVIATIONS****</b>				
<b>QD, QOD, MgSO<sub>4</sub>, MSO<sub>4</sub>, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero( Xmg)</b>				
DATE	TIME	ORDERS	NURSE SIGNATURE	
		Assign to Outpatient status		
		<b>PREMEDICATIONS:</b>		
		0.9% sodium chloride (NS) IV at KVO		
		No pre-medications necessary.		
		<b>MEDICATION:</b>		
		Tysabri (natalizumab) in 0.9% NS 100ml IV infusion		
		<b>Dose:</b> 300mg		
		<b>Route:</b> Intravenous		
		<b>Frequency:</b> Once every 4 weeks		
		<b>Infusion Duration:</b> 60 minutes		
		<i>If infusion-related reaction:</i>		
		1.) STOP infusion immediately;		
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;		
		3.) Administer PRN medications per infusion reaction medication ordered;		
		4.) Call Max Cart;		
		5.) Notify MD		
		<b>INFUSION REACTION MEDICATIONS:</b>		
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution)		
		(Note: dilute with 2.5ml of NS for albuterol 2.5mg/3ml dose)		
		<i>Dose: 2.5mg via nebulizer as needed for shortness of breath/wheezing</i>		
		diphenhydrAMINE injectable		
		<i>Dose: 25mg IV x 1 dose for urticaria, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved</i>		
		EPINEPHrine 1mg/ml (1:1000) injectable		
		<i>Dose: 0.3mg IM x1 dose as needed for anaphylaxis. Notify MD if administered.</i>		
		Methylprednisolone 125mg injectable		
		<i>Dose: 125mg IV x1 dose as needed for hypersensitivity</i>		
		<b>NURSING ORDERS:</b>		
		<ul style="list-style-type: none"> <li>• Complete Tysabri Pre-Infusion Patient Checklist and submit to TOUCH program. Contact provider if patient does not meet criteria to infuse.</li> <li>• Monitor patient for signs/symptoms of hypersensitivity during infusion and for one hour post-infusion. Complete vital signs one hour post infusion.</li> <li>• Monitor patient for hypersensitivity reaction: urticaria, dizziness, fever, rash, rigors, pruritis, nausea, flushing, hypotension, dyspnea, and/or chest pain.</li> <li>• Discontinue IV line when therapy complete and patient stabilized.</li> </ul>		

**USE BALL POINT PEN      FAX TO PHARMACY**

\_\_\_\_\_  
Qualified Medical Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

