



Patient Name:
 DOB:
 Date of Last Infusion
 Insurance:

Clinic Location:
 Merrimack, NH
 Concord, NH

Lemtrada® (alemtuzumab) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):

_____ Multiple Sclerosis
 (ICD-10)

_____ (ICD-10)

Nursing Orders:

- Prior to first appointment:
 - Provide and review Lemtrada Patient Guide
 - Hold infusion and notify provider for fever or signs/symptoms of illness or active infection.
- Prior to every appointment:
 - Hold infusion and notify provider if patient reports signs or symptoms of illness or active infection, or signs of stroke.
 - Confirm patient understands and complies with home pre-medication regimen as prescribed (anti-viral herpes prophylaxis, H1/H2 blockers)
- Monitor vital signs 15 minutes after infusion begins, then at least every hour during infusion.
- If infusion-related reaction occurs, stop infusion, and initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.
- Complete a Lemtrada REMS Infusion Checklist on the last day of each treatment course.

Pre-medications:

- Tylenol 500 mg PO; may repeat once during infusion PRN headache, myalgia
- Benadryl 25 mg IV Benadryl 50 mg IV
- Solu-Medrol 1000 mg in 100 ml 0.9% sodium chloride, infused over 15-30 minutes *prior to first 3 infusions in treatment course*
- Other: _____

Initial Course

Administer Lemtrada 12 mg in 100 ml 0.9% sodium chloride over 4 hours.
 Repeat daily for 5 consecutive days.

Subsequent Course

Administer Lemtrada 12 mg in 100 ml 0.9% sodium chloride over 4 hours.
 Repeat daily for 3 consecutive days.

Observation Period:

- Monitor patient for hypersensitivity reaction for a period of 2 hours following each infusion.
- Record vital signs hourly during observation period and prior to discharge.
- Provide and review discharge instructions prior to discharge.

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____