

**Aduhelm Order Form**
**PATIENT INFORMATION**
**PROVIDER INFORMATION**

 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Gender  M  F

 Name \_\_\_\_\_ NPI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Office Contact \_\_\_\_\_ Phone \_\_\_\_\_

 \*REQUIRED\*  Insurance Card Front/Back  Prescription Insurance Card Front/Back  Clinical Notes  Lab/Test Results

**CLINICAL INFORMATION**

 Primary Dx: ICD-10 (Choose one):  G30.0 Alzheimer's disease with early onset  G30.1 Alzheimer's disease with late onset  
 G30.8 Other Alzheimer's disease  Other: \_\_\_\_\_  
 Secondary Dx: ICD-10 (Choose One):  F02.80 Dementia without behavioral disturbance  F02.81 Dementia with behavioral disturbance  
 Other Dx: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

 Height \_\_\_\_\_ (in) Weight \_\_\_\_\_ (lbs) Date of Last MRI: \_\_\_\_\_ Latex Allergy:  Yes  No  
 Line Access:  PIV  Port  PICC  Midline Initial Infusion:  Yes  No (If no, date of last infusion \_\_\_\_\_)

**MEDICATION**
**DOSE/STRENGTH**
**DIRECTIONS**
**QTY**
**REFILLS**
 Aduhelm™ (aducanumab-avwa)

 170mg/1.7 ml Vial  
 300mg/3ml Vial

 Infuse every 4 weeks as directed per schedule:  
 Infusion 1 and 2 - 1mg/kg  
 Infusion 3 and 4 - 3mg/kg  
 Infusion 5 and 6 - 6mg/kg  
 Infusion 7 and beyond - 10mg/kg

1 Dose

 Other: \_\_\_\_\_

**PRE-MEDICATION**
**DOSE/STRENGTH**
**DIRECTIONS**
 Acetaminophen

500mg

Take 1-2 tablets PO prior to infusion or post-infusion as directed

 Cetirizine

10mg

Take 1 tablet PO prior to infusion or as directed

 Diphenhydramine

 25mg IV/PO  
 50mg IV/PO

 Take 1 tablet PO prior to infusion or as directed OR  
 Inject contents of 1 vial IV prior to infusion or as directed

 Methylprednisolone

 40mg  
 125mg

Inject contents of 1 vial IV prior to infusion or as directed

 Ondansetron ODT

4mg

Take 1-2 tabs prior to infusion or as directed

 Other \_\_\_\_\_

 Adverse Reaction Management Protocol (includes hypersensitivity and allergic / anaphylactic reactions)

**Special Instructions:**

My signature below certifies that (1) The above-named individual is my patient and the therapy identified has been deemed medically necessary. (2) All information provided is true and accurate to the best of my knowledge. (3) I authorize the use of BrookWell Health's Infusion and line access and flushing protocols. (4) I authorize BrookWell Health to perform any necessary emergency and/or anaphylaxis treatment as per BWH protocol.

Provider Name \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## Adverse Reaction Management Protocol

### Hypersensitivity reaction including, but not limited to, fever, rash, itching, rigors, sneezing, nausea and vomiting

If reaction occurs:

- If indicated, stop infusion
- Maintain / establish vascular access
- May utilize the following PRN medications as follows:
  - \* Allergies, hives, itching - Diphenhydramine 25-50mg PO/IV as a single dose, may repeat with either medication if needed
  - \* Nausea, vomiting, heartburn - Ondansetron 4mg ODT (may repeat in 20 minutes if nausea continues) or Famotidine 20mg PO as a single dose; if severe - give Ondansetron 4mg slow IVP (may repeat in 20 minutes if nausea continues) or Famotidine 20mg slow IVP
  - \* Headache, pain or fever > 100.4°F - Acetaminophen 500mg 1-2 tablets PO as a single dose or Ibuprofen 400mg PO as a single dose
  - \* Hypotension (90/60) - place patient in reclined position, administer 0.9% NaCl IV 500ml, may repeat to keep BP > 90/60, monitor vital signs
  - \* Hypertension (> 30mmHg above baseline or > 180mmHg SBP) - Clonidine 0.1mg and wait 45 minutes, may administer amlodipine 5mg if hypertension persists
  - \* Chest pain/discomfort or shortness of breath - Oxygen 2-15 liters, titrate to keep SPO<sub>2</sub> ≥ 92%
  - \* May give Famotidine 20mg IV or Methylprednisolone 125mg IV - refractory to other treatments given
- May resume infusion when symptoms resolve at 50% previous rate and increase per manufacturer guidelines

### Severe allergic/anaphylactic reaction management

- Obtain a thorough allergy and drug history, note any cross-sensitivity
- Identify risk factors for anaphylaxis including history of severe drug reactions and family history of same, when administering blood/blood components and the first dose of an infusion medication.
- Identify and respond to signs/symptoms of anaphylaxis which is the likely type of reaction when all of the following criteria are met:
  - \* Sudden onset and progression of symptoms
  - \* Life-threatening airway / breathing / circulatory symptoms, such as laryngeal edema, stridor, severe dyspnea / wheezing, confusion, signs of shock, tachycardia, hypotension, cardiac arrest
  - \* Skin changes or changes in mucosa, such as flushing urticaria, angioedema
- Symptoms associated with less severe systemic reactions may include
  - \* Neurological - dizziness, headache, weakness, syncope, seizures
  - \* Psychiatric - anxiety
  - \* Respiratory - dyspnea, wheezing, bronchospasm, tachypnea
  - \* Cardiovascular - tachycardia, hypotension, arrhythmias
  - \* Cutaneous - flushing erythema, pruritis, urticaria, angioedema
- Interventions
  - 1) Stop infusion immediately
  - 2) Discontinue any medication suspected of causing reaction
  - 3) Initiate basic life support as needed
    - \* Initiate rapid response team, "Code"
  - 4) Utilize the 'Emergency Management of Anaphylaxis' in the Reaction Management Kit to follow steps for correct management of reaction.
  - 5) Perform interventions and treatments as ordered or according to organizational protocol
  - 6) Administer emergency medications - medications will include
    - \* Epinephrine
    - \* Corticosteroids - methylprednisolone 40mg or 125mg IV
    - \* Antihistamines - Diphenhydramine 25 - 50mg IV
    - \* IV fluids - 0.9% NaClResuscitation equipment will include
    - \* Barrier mask for CPR
    - \* Self-inflating bag for CPR maskBreathing support
    - \* Oxygen and delivery system or device
  - 7) Monitor patient's vital signs. Monitor and observe patient for at least 6 hours
  - 8) Patient may require transfer to ER department for observation period
- Documentation - document in the patient's health record
  - \* Presence of allergies/reactions
  - \* Observations and patient assessment
  - \* Licensed practitioner notification
  - \* Interventions taken and outcome
  - \* Patient condition and response to interventions