

Neurology Referral 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

ICD-10 _____ Diagnosis Description _____
Drug Allergies _____ Latex Allergy Yes No
Height _____ (in) Weight _____ (lbs) Line Access PIV Port PICC Midline Initial Infusion Yes No (If no, date of last infusion: _____)

TRIED AND/OR FAILED MEDICATIONS LENGTH OF THERAPY REASON FOR DISCONTINUATION

_____/_____/_____
_____/_____/_____

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	REFILLS
<input type="checkbox"/> Fabrazyme** (Agalsidase beta)	<input type="checkbox"/> 5mg Vial <input type="checkbox"/> 35mg Vial	Infuse 1mg/kg (_____mg) IV every two weeks		
<input type="checkbox"/> Lemtrada** (Alemtuzumab)	12mg/1.2ml Vial	1st Course: Infuse 12mg IV for 5 consecutive days	5	None
		2nd Course: 12 months after 1st course, infuse 12mg IV each day for 3 consecutive days	3	
<input type="checkbox"/> Ocrevus** (Ocrelizumab)	300mg/10ml Vial	Starting Dose: Infuse 300mg IV on day 1 and day 15	2	None
		Maintenance Dose: Infuse 600mg IV once every 6 months	2	
<input type="checkbox"/> Soliris (Eculizumab)	300mg/30ml Vial	<input type="checkbox"/> Starting Dose: 600mg IV weekly for the first 4 weeks, followed by 900mg IV for the fifth dose 1 week later	11	None
		Maintenance Dose: 900mg IV every 2 weeks thereafter	6	_____
		<input type="checkbox"/> Starting Dose: 900mg IV weekly for the first 4 weeks, followed by 1200mg IV for the fifth dose 1 week later	16	None
		Maintenance Dose: 1200mg IV every 2 weeks thereafter	8	_____
<input type="checkbox"/> Tysabri (Natalizumab)	300mg/15ml Vial	Infuse 300mg IV every 4 weeks	2	
<input type="checkbox"/> Uplizna** (Inebilizumab-cdon)	100mg/10ml Vial	Starting Dose: 300mg IV followed 2 weeks later by a second 300mg IV infusion.	6	None
		Maintenance Dose (starting 6 months from the first infusion): 300mg IV every 6 months.	6	None
<input type="checkbox"/> Other:				

PRE-MEDICATION	DOSE/STRENGTH	DIRECTIONS
<input type="checkbox"/> Acetaminophen	500mg	Take 1-2 tablets PO prior to infusion or post-infusion as directed
<input type="checkbox"/> Cetirizine	10mg	Take 1 tablet PO prior to infusion or as directed
<input type="checkbox"/> Diphenhydramine	<input type="checkbox"/> 25mg IV/PO	Take 1 tablet PO prior to infusion or as directed OR
	<input type="checkbox"/> 50mg IV/PO	Inject contents of 1 vial IV prior to infusion or as directed
<input type="checkbox"/> Methylprednisolone	<input type="checkbox"/> 40mg	Inject contents of 1 vial IV prior to infusion or as directed
	<input type="checkbox"/> 125mg	
<input type="checkbox"/> Ondansetron ODT	4mg	Take 1-2 tablets PO prior to infusion or post-infusion as directed
<input type="checkbox"/> Other:		

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 (*see reverse). **Pre-medication required, please select appropriate med.

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 SPO₂ ≥ 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