



**406
ARTHRITIS
CLINIC**

Get back to your 406 life!

INFUSION SUITE		ONPATTRO INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 60 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> H2 Blocker:	<input type="checkbox"/> Famotidine 20mg IV X1 <input type="checkbox"/> Zantac 360 20mg tab PO X 1		
<input type="checkbox"/> Additional PRN:			
*PI requires diphenhydramine, solumedrol and zantac 360 - 60 minutes prior			
ONPATTRO ORDERS			
<input type="checkbox"/> Onpattro	Less than 100kg: 0.3mg/kg IV in 200mL NS over 80 minutes every 3 weeks X _____		
<input type="checkbox"/> Onpattro	Over 100kg: 30mg IV in 200mL NS over 80 minutes every 3 weeks X _____		
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

**Credentials must be included*

Infusion Directions:

- Bring vials to room temperature (no longer than 4 hours)
- Calculate the required dose of Onpattro based on the chart (see below)
- Withdraw the entire contents of vials into a single sterile syringe
- Filter Onpattro through a sterile 0.45-micron polyethersulfone (PES) syringe filter into a sterile container
- Withdraw the required volume of filtered Onpattro from the sterile container using a sterile syringe
- Dilute the required volume of filtered Onpattro into 200mL NS (DEHP-free infusion bag).

- For a 250mL bag, remove the calculated volume of Onpattro PLUS the 50mL of NS for a total volume of 200mL.
- Discard and document any drug waste (there will be an assumed 1mL of drug remaining in the filter as waste)
- Infuse over 80 minutes through infusion tubing using a 1.2-micron PES in-line infusion filter