



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHYO  
CMC85677-001NS Rev. 6/2021**Nusinersen (Spinraza)  
Injection Therapy Plan****Baseline Patient Demographic**

To be completed by the ordering provider.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>) NKDA - No Known Drug Allergies  Allergies: \_\_\_\_\_**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ unknown

Treatment should begin:  as soon as possible (within a week)  within the month**\*\*Plans must be reviewed / re-ordered at least annually. \*\*****ORDERS TO BE COMPLETED FOR EACH THERAPY****ADMIT ORDERS** Height and weight Vital signs**PRE-PROCEDURE LABS** Complete Blood Count with Differential **INTERVAL: Every Visit**  
Unit collect PT W / INR **INTERVAL: Every Visit**  
Unit collect Activated Partial Thromboplastin Time **INTERVAL: Every Visit**  
Unit collect Protein Urine **INTERVAL: Every Visit**  
Unit collect**PRE-MEDICATIONS** lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

 when 20 - 30 minutes are available before procedure  when procedure will take more than 1 hour when anticipated pain is less than 5 mm from skin surface  patient / family preference for procedure midazolam syrup

0.1 mg / kg ORAL, ONCE PRN, Pre-med, give 30 minutes prior to spinraza

**INTRA-PROCEDURE** nusinersen (PF) intrathecal solution 12 mg **INTERVAL: Every 14 days**

12 mg INTRATHECAL ONCE, administer over 1 - 3 minutes.

Give as single intrathecal bolus over 1 - 3 minutes.

 nusinersen (PF) intrathecal solution 12 mg **INTERVAL: Day 1 of every 4 months**

12 mg INTRATHECAL ONCE, administer over 1 - 3 minutes.

Give as single intrathecal bolus over 1 - 3 minutes.



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### ORDERS TO BE COMPLETED FOR EACH THERAPY

#### INTRA-PROCEDURE, CONTINUED

Please select all appropriate therapy

 **Therapy Appointment Request**

Please select department for the therapy appointment request:

Expires in 365 days

 Dallas Special Procedures   
  Plano Infusion Center   
  Dallas Allergy   
  Dallas Transplant   
  Dallas Neurology

#### EMERGENCY MEDICATIONS

 **Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement

**PATIENT IS HAVING A DRUG REACTION:**

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling

**PATIENT IS HAVING ANAPHYLAXIS:**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturation stable while waiting for code team, continue to monitor oxygen saturation.

**Hypotension is Defined as Follows:**

1 month to 1 year – systolic blood pressure (SBP) less than 70  
 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)  
 11 years to 17 years – systolic blood pressure (SBP) less than 90  
 OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.  
 Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

 **EPINEPHrine Injection Orderable For Therapy Plan  
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses

Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

**Dose:** \_\_\_\_\_

 **Cardio / Respiratory Monitoring**

**Rationale for Monitoring: High risk patient (please specify risk)**

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply):  Heart rate     Oxygen saturation     Respiratory rate

Telemetry Required:  Yes     No



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Injection Therapy Plan**

**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**EMERGENCY MEDICATIONS, CONTINUED**

**DiphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

**Albuterol for aerosol**

0.25 mg / kg., INHALATION ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

**Dose:** \_\_\_\_\_

**POST - PROCEDURE**

**Nursing communication**

Patient to lay flat after procedure for 1 hour.

**Vital Signs**

Vital signs 1 hour after procedure complete.

**Dose:** \_\_\_\_\_

(circle one):  
MD DO

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Provider