NUSINERSEN (SPINRAZA) FOR SPINAL MUSCULAR ATROPHY (SMA) LOADING DOSE

		Interval	Defer Until	Duration
	Nursing communication	Every visit	S	Until discont'd
	Notify physician if headache is serve and not resolved with bed rest and Ace	etaminophen.		
	Nursing communication	Every visit	S	Until discont'd
	IR nurse to call the central pharmacy at 713-411-5364 after the patient has a	arrived and provide	the location for de	elivery of Spinraza.
	Nursing communication	Every visit	S	Until discont'd
	Allow the Spinraza to warm to room temperature as it will have been stored	in a refrigerated st	ate prior to delivery	<i>/</i> .
	Nursing communication	Every visit	S	Until discont'd
	Notify: Jason Thonhoff, MD to pick up the CSF sample at 713-363-8258 (off	ice) or 832-367-56	08 (cell).	
	Nursing communication	Every visit	S	Until discont'
	Patient to be monitored in the recovery area for 2-3 hours after which they c contact the neuromuscular staff at 713-363-7310 (office) or cell numbers list		nome. If complication	ons arise, please
Medi	ications	Interval	Defer Until	Duration
	acetaminophen (TYLENOL) tablet 500 mg	PRN	S	Until discont
ш	500 mg, oral, every 6 hours PRN, headaches, Starting S			Orien diodonic
theca	al Injections			
		Interval	Defer Until	Duration
	IR Lumbar Puncture by Radiology	Once	S	1 treatment
	Status: Future, Expected: S, Expires: S+366, Routine, Ancillary Performed			
	nusinersen (PF) (SPINRAZA) intrathecal solution	Once	S	1 treatment
	(RESTRICTED) 12 mg			
	12 mg, intrathecal, once, Starting S, For 1 Doses			
	12 mg, intrathecal, once, Starting S, For 1 Doses Administer once on Treatment Day 1.	rdering on behalf o	f one?	
	12 mg, intrathecal, once, Starting S, For 1 Doses Administer once on Treatment Day 1. RESTRICTED to Neurology specialists. Are you a Neurology specialist or or RESTRICTED to patients with prior financial approval. Do you attest that the			ial approval for the
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Intrathecal Injections (continued)

Interval Defer Until Duration
12 mg, intrathecal, once, Starting S, For 1 Doses

Administer once on Treatment Day 60.

RESTRICTED to Neurology specialists. Are you a Neurology specialist or ordering on behalf of one?

RESTRICTED to patients with prior financial approval. Do you attest that the patient's insurance has given financial approval for the administration of Nusinersen (Spinraza TM)?

Labs

		Interval	Defer Until	Duration
_	CBC hemogram	Every visit	S	Until discont'd
	STAT, Status: Future, Expires: S+366, Clinic Collect			
	Prothrombin time with INR	Every visit	S	Until discont'd
	STAT, Status: Future, Expires: S+366, Clinic Collect			
	Partial thromboplastin time, activated	Every visit	S	Until discont'd
	STAT, Status: Future, Expires: S+366, Clinic Collect			
	Protein, urine, random	Every visit	S	Until discont'd
	Routine, Status: Future, Expires: S+366, Clinic Collect	_		