

FAX TRANSMISSION**Better Life Multiple Sclerosis Center**

3320 Montgomery Dr. Nashville, TN 37361

F 615-562-4820 P: 615-562-4848

Dr. Asriel Han | Dr. Aditya Shah

BetterLife

TO: Golden Gate Infusion Center**Fax:** 614-278-5355 **Phone:** 614-295-7655**From:** Erfan Rostami, BSN, RN

P: 615-343-1176

F: 615-343-1219

Pages
(including cover sheet)**Comments:**

(Arabic - spoken / English - written)

- Rituxan (Truxima) TP
- MRF Reports
- Hospital Discharge
- Demographics

The documents accompanying this transmission may contain health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted by law or regulation.

If you are not the intended recipient, you are hereby notified that any use, disclosure, copying or distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

5/22/24, 11:10 AM

Abdulla, Shak

MRN: 041152153

Communication 5/16/2024
Status: Open
Better Life Multiple Sclerosis
Center

Provider: Erfan Rostami, RN
Reason for call: Truxima Second Initial Dose Needed Week of June 3

All Conversations: Truxima Second Initial Dose Needed Week of June 3 (Newest Message First)

May 21, 2024

Jha, Vedant to Erfan Rostami, RN

Hi Erfan 5/21/24 4:44 PM

The only way Extraordinary Care could see his Medicaid plan would be at home :(I'm not sure if he is able to be seen at a hospital based infusion center closer to home?

We will hold off on this one for now- let me know if you're not able to find a provider who can see him in the infusion suite and we will re-open the referral.

Vedant

Erfan Rostami, RN routed this conversation to Jha, Vedant 5/21/24 2:32 PM

May 20, 2024

Gu, Hao H, MD to Erfan Rostami, RN

Note

5/20/24 5:13 PM

Hi

No home infusion

Her first dose is scheduled May 23
Second dose 2 weeks from May 23 first

Erfan Rostami, RN routed this conversation to Gu, Hao H, MD

5/20/24 3:41 PM

Jha, Vedant to Erfan Rostami, RN

Hi,

5/20/24 2:54 PM

Is Dr. Gu comfortable with this patient being seen for home infusion?

Thanks,

5/22/24, 10:33 AM

Abdulla, Shakh (MR # 041152153) DOB: 04/01/2001

Shakh Abdulla

Therapy Plan 1 Summary

MRN: 041152153 Description: male DOB: 4/1/2001

Patient Demographics

Patient Name Abdulla, Shakh	Legal Sex male	DOB 4/1/2001	Address 425 Sherman Ave Nashville TN 37995	Phone 865-395...3958(Home) 865-395...0481(Mobile) *Preferred*
--------------------------------	----------------------	-----------------	--------------------------------------------------	------------------------------------------------------------------------

Medication

Rituximab Or Biosimilar Days 1, 15 Load Then Once Every 24 Weeks

Associated Problems

Problem Multiple sclerosis in pediatric patient (CMS/HCC) [G35]	Selected Diagnosis Multiple sclerosis in pediatric patient (CMS/HCC) [G35]
--------------------------------------------------------------------	-------------------------------------------------------------------------------

Infusion Orders

All Current Orders

	Interval	Duration	Due
Nursing Orders			
<input checked="" type="checkbox"/>  IV access	Every visit		Every visit
Care Instructions: Obtain IV access (PIV, PORT, etc.) and start NS 0.9% @ KVO Until discontinued Starting when released Until Specified Last released: Never		Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	
<input checked="" type="checkbox"/>  Monitor pt for hypersensitivity reaction	Every visit		Every visit
Once Starting when released for 1 occurrence If allergic reaction or infusion related reaction occurs, initiate adult hypersensitivity reaction protocol or pediatric guideline and CALL MD for additional orders. Last released: Never		Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	
<input checked="" type="checkbox"/>  NURSING COMMUNICATION	Every visit		Every visit
Care Instructions: Ensure that patient has not taken antihypertensive medications in the 12 hours prior to infusion Until discontinued Starting when released Until Specified Last released: Never		Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	
<input checked="" type="checkbox"/>  NURSING COMMUNICATION	Every visit		Every visit
Care Instructions: For Hypotension, place patient in Trendelenberg position, support with NS, and call MD Until discontinued Starting when released Until Specified			

6/22/24, 10:33 AM

Abdulla, Shakh (MR # 041152153) DOB: 04/01/2001

Last released: Never

Interval Duration Due Electronically
Signed By: Gu, Hao MD on 5/15/2024 5:11 PM**Labs**

<input checked="" type="checkbox"/> IgG	Every 24 weeks	Week of 5/19/2024
Clinic Collect, Blood	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	
Last released: Never	5:11 PM	
<input checked="" type="checkbox"/> CBC w/ Differential	Every visit	Every visit
Once Starting when released, Blood	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	
Last released: Never	5:11 PM	
<input checked="" type="checkbox"/> Flow Lymphocytes Subsets (TB NK)	Every visit	Every visit
Once Starting when released, Blood	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	
Last released: Never	5:11 PM	

Vitals

<input checked="" type="checkbox"/> Vital Signs	Every visit	Every visit
Care Instructions: Obtain VS prior to start therapy, Q30 minutes with each dose increase and at the end of treatment.		
As needed Starting when released Until Specified		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	

Hydration

<input checked="" type="checkbox"/> heparin, porcine (PF) 100 unit/mL syringe 5 mL	PRN	PRN
5 mL, intraVENOUS, As needed, For flushing Ports/ PICC lines/ Central Lines IF NEEDED, Starting when released, Until Discontinued		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	

Pre-Medications

<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg 650 mg, oral, Once, Starting when released	Every visit	Every visit
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	
5:11 PM		
<input checked="" type="checkbox"/> diphenhydRamine (BENADRYL) 50 mg in 50 mL NS	Every visit	Every visit
50 mg, intraVENOUS, Once, Starting when released Administer 30 minutes before starting infusion.		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024	
5:11 PM		
<input checked="" type="checkbox"/> methylPREDNISolone sod succinate (SOLU-Medrol) (20 mg/mL) 125 mg in NS 6.2 mL	Every visit	Every visit

5/22/24, 10:33 AM

Abdulnabi, Noor (MR # 048152163) DOB: 01/01/2008

	Interval	Duration	Due
125 mg, intraVENOUS, Once, Starting when released Administer 30 minutes before starting infusion. Last released: Never			Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM

Infusion Therapy

<input checked="" type="checkbox"/>  NURSING COMMUNICATION	Every visit	Every visit
Until discontinued Starting when released Until Specified		
Infusion rate (standard only)		
1st infusion - initiate at 50mg/hr and if no infusion toxicity reaction, may increase by 50mg/hr every 30 minutes; Max Rate 400mg/hr		
Subsequent infusions - initiate at 100mg/hr and if no infusion toxicity reaction, may increase by 100mg/hr every 30 min; Max Rate 400mg/hr		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	

Infusion Therapy - Initial Dose

<input checked="" type="checkbox"/>  riTUXimab-abbs (TRUXIMA) IVPB	Every 2 weeks	2/2 remaining	Week of 5/19/2024
694 mg (rounded from 693.75 mg = 375 mg/m ² × 1.85 m ² - BSA might be out of date), intraVENOUS, Once, Starting 30 minutes after treatment start time			
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM		

Infusion Therapy - Maintenance Dose

<input checked="" type="checkbox"/>  riTUXimab-abbs (TRUXIMA) IVPB	Every 24 weeks	Mon 11/4/2024
Defer until: Mon 11/4/2024		
694 mg (rounded from 693.75 mg = 375 mg/m ² × 1.85 m ² - BSA might be out of date), intraVENOUS, Once, Starting when released		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	

PRN Medications

<input checked="" type="checkbox"/>  diphenhydRAME (BENADRYL) injection 25 PRN mg		PRN
25 mg, intraVENOUS, As needed, chills, Starting when released, for 2 doses		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	
<input checked="" type="checkbox"/>  meperidine (DEMEROL) injection 25 mg	PRN	PRN
25 mg, intraVENOUS, As needed, rigors, Starting when released, for 2 doses		
Last released: Never	Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM	
<input checked="" type="checkbox"/>  ondansetron (ZOFTRAN) Injection 4 mg	PRN	PRN
4 mg, intraVENOUS, As needed, nausea, vomiting, Starting when released, for 2 doses		

Doses up to 4 mg may be administered undiluted. Inject over at least 30 seconds, but preferably over 2-5 minutes.

Last released: Never
Electronically Signed By: Gu, Hao H, MD on 5/15/2024 5:11 PM

eSignature Information

All order signatures are valid for 1 (one) year from the signature date.

Provider Contact Information

5/22/24, 10:33 AM

Abdulnabi, Noor (MR # 048152153) DOB: 01/01/2008

Hao H Gu, MD (NPI: 1154611523)

Better Life Multiple Sclerosis Center
3320 Montgomery Dr NASHVILLE TN 37361
614-936-0065

Better Life Multiple Sclerosis Center

Patient: Shah Abdulta

Hospital A/C:

Care Everywhere ID#: VDJ-7KR2-484T-LGF8

ENCOUNTER

Patient Class:

Admission Date/Time: 5/17/2024

Admission User:

Referring Physician:

Admitting Provider:

Attending Provider:

Adm Diagnosis:

MyHealth Bundle Status:

PATIENT

Name: Shah Abdulta

DOB: 4/1/2001 (23 yrs)

Address: 425 Sherman Avee APT D

Sex: male

City: Nashville TN 37923

Prof Lang: Arabic

Primary Care Provider: James David, PNP

Primary Phone: 865-839-7458

Marital Status: Single

Mobile Phone: 865-839-7458

EMERGENCY CONTACT

Contact Name:

Legal Guardian?

Relationship to Patient:

Home Phone:

Work Phone:

1. Sina, Amin

Yes

Father

2. Mohammadreza, Mustafa

Yes

Mother

GUARANTOR

Guarantor:

DOB: 10/29/1979

Address:

Sex: Female

Relation to Patient:

Home Phone:

Guarantor ID:

Mobile Phone:

Work Phone:

GUARANTOR EMPLOYER

There is no guarantor information entered for this encounter.

Status: NOT EMPLO*

COVERAGE**PRIMARY INSURANCE**

Payor:

Plan: TC BLUE CARE NO COPAY

Group Number:

Insurance Type:

Subscriber Name:

Subscriber DOB:

Subscriber ID:

Financial Class:

Pat. Rel. to Subscriber:

SECONDARY INSURANCE

Payor:

Plan:

Group Number:

Insurance Type:

Subscriber Name:

Subscriber DOB:

Subscriber ID:

Pat. Rel. to Subscriber:

5/22/24, 10:37 AM

Abdulnabi, Noor (MRN: 041152153) DOB: 4/1/2001

Primary Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
BC TENNCARE	TC BLUE CARE NO COPAY		435000	TENNCARE/BLUECARE

Primary Subscriber

ID	Name	SSN	Address
LAJM14345116	ABDULLA,SHAKH	xxx-xx-8143	8327 BROADWAY LN APT D KNOXVILLE, TN 37923

5/22/24, 10:39 AM

Abdulla, Shak

MRN: 048152153

ED to Hosp-Admission

5/14/2024 - 5/17/2024 (3 days)

Status: Discharged

Monroe Carell Jr. Children's Hospital

Last attending: Harry, Tom, MD • with Treatment team Principal problem: Abnormal MRI

Discharge Summary

Kaine, Adam Jason, MD (Resident Physician) • Pediatric Neurology

Cosigned by: Gu, Hao H, MD at 5/17/2024 1:56 PM

Attestation signed by GU, Hao H, MD at 5/17/2024 1:56 PM (Updated)

I saw the patient on: 5/17/2024 with Dr Kaine, I discussed the care with Dr Kaine, patient and his father at bedside and agree with the findings and plan as documented in the attached note.

I personally spent more than 30 minutes on the patient's care unit in the preparation and execution of the hospital discharge.

S/p 4 days of high dose IVMP (1g/dose) today-

Discharge home with oral decadron 180mg (equivalent to 1000mg IVMP) x 1 to round out 5 days of high dose steroid treatment for active demyelinating lesion (family wishes to be discharged today instead of Saturday)

he will then start oral prednisone taper- Instructions provided +PPI

First dose of Rituximab or biosimilar scheduled for May 22 at 9am; second dose of first course of Rituximab within 2 weeks after, we are working with local infusion facility in Knoxville to get this set up for her moving forward to minimize travel

he will follow up with ophthalmologist in Knoxville

School note for this week and next week

PT/OT locally

Continue vitamin D

I will see her tentatively 3 months after completion of 1st course of Rituximab -with same day MRI (she does not need sedation)- looking at early or mid September. Will update family once we have that arranged

Hao Gu MD

Neurology Discharge Summary

Patient Name: Shak Abdulla**DOB:** 4/1/2001**Service:** Pediatric Neurology**Attending:** Harry, Tom, MD**Date of Admission:** 5/14/2024

5/22/24, 10:39 AM

Date of Discharge: 5/17/2024**Diagnosis:****Principal Problem:**

Abnormal MRI

Resolved Problems:

* No resolved hospital problems. *

Procedures:**Bedside Procedures:**

No orders of the defined types were placed in this encounter.

OR Procedures:

* Cannot find OR case *

Synopsis:

Shakh Abdulla is a 23 year old male who established care with VCH neurology ; with MRI brain and spine demonstrating multiple lesions consistent with atypical pediatric MS.

Hospital Course:

Shakh Abdulla is a 23 year old male with history of optic neuritis and abnormal MRI brain concerning for MS who presented for admission following clinic visit and neuroimaging today. History from primary neurologist, clinic visit and patient and father at bedside. Patient referred to Dr. Gu by Dr. Fazal in East Bay Confirms predominant symptoms since April of numbness in his right hand and urinary hesitancy/urgency. Additionally reporting right eye pain since time of clinic visit this morning. MRI brain and spine obtained following clinic visit and multiple lesions noted on brain and spine suggestive of pediatric MS. Presents for admission for IVMP.

Per clinic visit earlier today with Dr. Gu and confirmed with family at bedside:

Shakh is a 23 years old male, previously healthy who has been referred to neuroimmunology clinic for diagnosis of optic neuritis and abnormal brain MRI concerning for MS. He is referred by Dr Fazal-pediatric neurology in East Bay

he is here with dad; patient himself is an excellent historian and provided the following information- I do not have CSF results nor clinic note- I do have MRI report from Jan 21 2024 (no actual images)- with father and his permission, I reached out to Dr Shane- Dr Fazal's colleague on service who can help assist with quick access to Shakh's chart.

Today, Shakh tells me that around early Oct 2023- he started to notice in right eye "neon bright color" fuzzy vision, and eye pain with movement and perhaps right side of his face in discomfort triggered by physical activities . Symptoms improved once he rested. By end of Oct 2023, he brought this up to parents and was brought to local eye doctor and recalled being told that"right eye being inflamed" and he recalled visual field deficits appreciated during exam.

He was referred to UT ophthalmology Dr Derrek in Jan this year, per report negative MOG and AQP4 [While waiting on this appt, he thought some improvement but not back to baseline entirely -"not completely normal"]

When he saw UT ophthalmology clinic, recommended brain and orbit and noted WM changes and MS was mentioned. He was treated with 5 days of IVMP and referred to see Dr Kosentka ped neurology.

MRI report from Jan 21 2024- "Diffuse T2 hyperintensity and decreased volume throughout the right optic nerve is similar to prior examination however associated abnormal enhancement seen on prior study has resolved, presumably secondary to interventional treatment.

Left optic nerve is subtle but diffusely small in caliber without significant change from last exam. Several intracranial WM lesions, stable from last"

He saw Dr Fazal in Feb 2024-who obtained LP and had markers of MS and referred to MS clinic today. Below are information provided by Dr Shane. Per note recommended referral to our MS center for

6/22/24, 10:39 AM

further evaluation and treatment.
CSF ?WBC, 837 rbc, IgG Index 0.87 (elevated), +OCB

Prior to appt today May 14- he noted that in April of this year, started to have involvement of LEFT eye - again similar with "neon colors appearance", some eye discomfort; It happened several times during the day for a few days and has since resolved

Since April he has had intermittent numbness in his right hand (dominant hand)+ along with muscle twitch in his hands and shoulder like tics

He has noticed a change with urinary hesitancy- taking a long time to empty his bladder and in addition urinary urgency

He has not noticed weakness but noted intermittent drifting to right side, bumping in to things

He does note that at times when he laughs, bends his neck, does note electrical sensation

Academically doing very well, no difficulty

Sleeps well

Family history: parents and brothers are healthy

Floor course (05/14 -

Patient was admitted to the wards in a stable condition.

Patient was initiated on high dose steroids for 5 days and tolerated well. MRI consistent with lesions in the brain and spinal cord consistent with atypical MS. ANA was positive as well as SSB so rheumatology was consulted but felt she did not have evidence of another systemic autoimmune disease. PT/OT evaluated his and he will follow outpatient. He was dc with Decadron and then steroid taper with Pepcid prophylaxis. He was arranged to have outpatient rituximab and Dr. Gu will follow him in clinic.

Physical Exam:

Temp: [36.5 °C (97.7 °F)-36.7 °C (98.1 °F)] 36.7 °C (98 °F)

Pulse: [81-99] 84

Resp: [16-18] 16

BP: (122-136)/(63-99) 126/63

SpO2: [98 %] 98 %

Physical Exam:

Temp: [36.5 °C (97.7 °F)-36.7 °C (98.1 °F)] 36.7 °C (98 °F)

Pulse: [81-99] 84

Resp: [16-18] 16

BP: (122-136)/(63-99) 126/63

SpO2: [98 %] 98 %

-Well appearing; NAD

CV:

-RRR

HIGHER INTEGRATIVE FUNCTIONS:

-Attention & concentration: Normal

-Orientation: Oriented to person, place & time

-Memory: Recent and remote memory Intact

-Language: Normal

-Fund of Knowledge: Normal

CRANIAL NERVES:

-CN 2: Visual fields full

-CN 2,3: PERRL; rAPD

-CN 3,4,6: EOMI

-CN 5: Facial sensation Intact

-CN 7: Facial strength/movement Intact bilaterally

5/22/24, 10:39 AM

- CN 8: Hearing normal bilaterally
- CN 9,10: Palate elevates symmetrically
- CN 11: Normal shoulder shrug and head turn
- CN 12: Tongue protrudes midline

MOTOR:

- Muscle tone normal in upper and lower extremities
- Muscle strength 5/5 in upper and lower extremities; RLE 4+ proximally

SENSATION:

- Intact to light touch in upper and lower extremities bilaterally

COORDINATION:

- Finger/nose intact bilaterally

GAIT:

- Normal gait

Immunizations/Injections Administered for This Admission

No immunizations on file.

Allergies:

No Known Allergies

Diagnostic Studies:**Recent Results (from the past 24 hour(s))****CBC w/ Differential**

Collection Time: 05/14/24 10:47 AM

Result	Value	Ref Range
White Blood Cells	7.7	3.4 - 10.2 x10(3)/mcL
Red Blood Cells	4.63	3.80 - 5.50 x10(6)/mcL
Hemoglobin	13.0	12.0 - 16.0 gm/dL
Hematocrit	40	35 - 49 %
Mean Cell Volume	86	76 - 96 fL
Mean Cell	28.1	25.0 - 35.0
Hemoglobin		pg
Mean Cell	32.7	32.0 - 37.0
Hemoglobin		gm/dL
Concentration		
RDW SD	38.4	37.4 - 52.4 fL
RDW CV	12.3	11.1 - 14.3 %
Platelet	300	150 - 400 x10(3)/mcL

5/22/24, 10:39 AM

Mean Platelet Volume	10.0	9.3 - 12.8 fL
Nucleated RBC	0	0 - 0 /100 WBC
Nucleated RBC	0.00	0.00 - 0.00
Abs		x10(3)/mCL
Auto Neutrophil Absolute	4.52	1.80 - 7.70 x10(3)/mCL

CMP

Collection Time: 05/14/24 10:47 AM

Result	Value	Ref Range
Sodium Level	139	138 - 145 mmol/L
Potassium Level	3.8	3.3 - 4.8 mmol/L
Chloride Level	101	98 - 107 mmol/L
Carbon Dioxide	22	17 - 28 mmol/L
Anion Gap	16	mmol/L
Glucose Level	95	60 - 99 mg/dL
Blood Urea Nitrogen	13	7 - 18 mg/dL
Creatinine Level	0.67	0.50 - 0.90 mg/dL
Calcium Level	9.9	8.4 - 10.2 mg/dL
Total Bilirubin	0.4	0.0 - 0.7 mg/dL
Albumin Level	4.7	4.0 - 5.3 gm/dL
Protein Total	8.4 (H)	6.3 - 7.8 gm/dL
Alkaline Phosphatase	55	50 - 117 unit/L
Aspartate Aminotransferase	25	21 - 34 unit/L
Alanine Aminotransferase	<6	0 - 17 unit/L

Hepatitis B Pnl

Collection Time: 05/14/24 10:47 AM

Result	Value	Ref Range
Hepatitis B Surface Antigen	Negative	Negative
Hep B Core Ab Total	Negative	Negative
Hepatitis B Surface Ab Unit	44.7 (H)	<=10.0 mIU/mL
Hep Bs Ab Interp	Positive (A)	Negative

IgG

Collection Time: 05/14/24 10:47 AM

Result	Value	Ref Range
IgG Quantitative	1,355 (H)	600 - 1,310 mg/dL

5/22/24, 10:39 AM

IgA**Collection Time: 05/14/24 10:47 AM**

Result	Value	Ref Range
IgA Quantitative	279	40 - 290 mg/dL

Auto Diff**Collection Time: 05/14/24 10:47 AM**

Result	Value	Ref Range
Neutrophils	58.3	%
Absolute	4.52	1.80 - 7.70
Neutrophils		x10(3)/mcL
Lymphs	33.6	%
Absolute	2.60	1.70 - 4.50
Lymphocytes		x10(3)/mcL
Monocytes	6.5	%
Absolute	0.50	0.20 - 1.00
Monocytes		x10(3)/mcL
Eosinophils	0.5	%
Absolute	0.04	0.00 - 0.50
Eosinophils		x10(3)/mcL
Basophils	0.8	%
Absolute Basophils	0.06	0.01 - 0.08
		x10(3)/mcL
Imm Gran	0.3	%
Automated		
Absolute Imm	0.02	0.00 - 0.03
Gran Automated		x10(3)/mcL

Consultations Obtained:

Orders Placed This Encounter

Procedures

- Inpatient Consult to Pediatric Ophthalmology
- Inpatient Consult to Pediatric Rheumatology
- Inpatient consult to Case Management :

Condition at Discharge:

Stable

Disposition:

Home or Self Care

Patient Instructions:**Discharge Medications****New Medications**

Medication	Sig
dexamethasone 4 mg/mL CONCENTRATED solution	Take 45 mL (180 mg total) by mouth daily for 1 dose. See comment
famotidine 40 mg tablet Commonly known as: PEPCID	Take 1 tablet (40 mg total) by mouth daily.

5/22/24, 10:39 AM

Sig

prednISONE 20 mg tablet

Commonly known as: DELTASONE

Start taking on: **May 16, 2024**

Take 3 tablets (60 mg total) by mouth daily for 7 days, THEN 2 tablets (40 mg total) daily for 7 days, THEN 1 tablet (20 mg total) daily for 7 days, THEN 0.5 tablets (10 mg total) daily for 7 days. Then stop.

Activity Instructions

Discharge activity - Normal Activity

Some medications such as for example pain medications and sleeping or anti-anxiety agents may affect your ability to operate heavy machinery including driving. Please always carefully read the labels on the medications that you take. If you have experienced confusion, seizures, lightheadedness or blackouts then it may not be safe or even legal for you to operate heavy machinery (including driving). Please act in the interest of your own safety and that of others. Speak to a physician if you are not sure whether it is safe or legal for you to drive.

Care Instructions: You should engage in exercise as tolerated to improve your health. You may go to the website of the American Heart Association for additional information and tips on how to exercise right (www.americanheart.org).

Scheduled Appointments

May 22, 2024 10:30 AMPeds Infusion (Leantaas) wth PEDS INF UMBRELLA,
PEDS 241+ MIN INFUSION
Children's Hematology - Oncology (Peds DOT 6)2211 Broad Way
Tower 4th FL, Suite 6102
Nashville TN 37232
615-936-1762