

MRN: _____

Palmetto Infusion Services

Standard Plan of Treatment for Elaprase

(Re)Certification Period From _____ to _____

Patient Name: _____ Weight: _____

Allergies: _____ Height: _____

Primary Diagnosis _____ Secondary Diagnosis: _____

Pre-medicate: No premedication

30 minutes prior to infusion

Tylenol 650mg PO and Diphenhydramine 50 mg PO

Orders:

Obtain weight each visit. Vital Signs: baseline and every 30 minutes for duration of infusion. Instruct patient/caregiver on medications, signs/symptoms of adverse reaction. Assess patient response to therapy.

Utilize existing central line for administration, or initiate a peripheral IV with each infusion, prn. Normal Saline Flush 3-10 ml before infusion, after primary drug has infused, Infuse Normal Saline 0.9% or D5W 20-50 ml to flush tubing/line, followed by Heparin Lock 1-5ml 100 units/ml as needed per line type.

Pump, tubing, and supplies needed to complete prescribed therapy.

If adverse drug reaction, Implement the Standing Adverse Reaction protocol.

Drug:

Elaprase 0.5mg/kg IV (round up to full vial) in 100ml NS infuse over 1-3hrs (no longer than 8 hrs) weekly

Infusion rates: 8ml/hr x 15 min, then increase by 8ml/hr increments every 15 minutes in order to administer the full volume within the prescribed time period.

Other:

Pharmacist to perform clinical drug monitoring.

(No Stamped Signatures please)

Physician's Signature: _____ / _____ Date: _____

(Dispense as written)

(Substitution permitted)

**PLEASE FAX DEMOGRAPHICS AND INSURANCE INFORMATION TO:
TOLL FREE FAX (866) 872-8920**
