 <p>LEGACY HEALTH</p>	<p><b>Legacy Day Treatment Unit Provider's Orders</b></p> <p>Adult Ambulatory Infusion Order AGALSIDASE BETA (FABRAZYME)</p>	<p><b>Patient Name:</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Med. Rec. No (TVC MRN Only):</b> _____</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

**Anticipated Start Date:** \_\_\_\_\_ **Patient to follow up with provider on date:** \_\_\_\_\_

\*\*\*This plan will expire after 365 days, unless otherwise specified below\*\*\*

**Orders expire:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg    **Height:** \_\_\_\_\_ cm

**Allergies:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_    **Diagnosis Code:** \_\_\_\_\_

**GUIDELINES FOR PRESCRIBING:**

1. **Send FACE SHEET, INSURANCE CARD and most recent provider chart or progress note.**
2. Indicated for Fabry disease. Encourage patient to enroll in the Fabry registry by visiting [www.fabryregistry.com](http://www.fabryregistry.com) or calling 1-800-745-4447
3. Patients with advanced Fabry disease may have compromised cardiac function, which may predispose them to a higher risk of severe complications from infusion reactions

**PRE-MEDICATIONS:**

- acetaminophen (TYLENOL) tablet: 1000 mg by mouth once 30 minutes prior to infusion, every visit
- diphenhydramine (BENADRYL) tablet: 25 mg by mouth once 30 minutes prior to infusion, every visit
- cetirizine (ZYTREC) tablet: 10 mg by mouth once 30 minutes prior to infusion, every visit  
**(Choose as alternative to diphenhydramine if needed)**
- Other: \_\_\_\_\_ by mouth once 30 minutes prior to infusion, every visit
- No routine pre-medications necessary


**MEDICATIONS:**

**(Pharmacist will round dose up to nearest 5 mg vial and modify during order verification)**

- agalsidase beta (Fabrazyme) 1 mg/kg = \_\_\_\_\_ mg in NaCl 0.9% IV, every 2 weeks x \_\_\_\_\_ doses.

Administer using an in-line low protein binding 0.2-micron filter. Initial infusion: Rate should not exceed 15 mg/hr. Subsequent infusion if no infusion reactions: rate may be increased in increments of 3 to 5 mg/hr to allow a total infusion time of no less than 1.5 hours. Total volume will be between 50-500 mL based on calculated dose:

≤35 mg	50 mL minimum total volume
35.1-70 mg	100 mL minimum total volume
70.1-100 mg	250 mL minimum total volume
>100 mg	500 mL minimum total volume

 <p>LEGACY HEALTH</p>	<p><b>Legacy Day Treatment Unit Provider's Orders</b></p> <p>Adult Ambulatory Infusion Order AGALSIDASE BETA (FABRAZYME)</p>	<p><b>Patient Name:</b></p> <p><b>Date of Birth:</b></p> <p><b>Med. Rec. No</b> (TVC MRN Only):</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

**NURSING ORDERS (TREATMENT PARAMETERS):**

1. Vital signs, every visit: Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion, every 30 minutes, with every rate increase and at the end of infusion.
2. Observe patient for 60 minutes following infusion (unless prescriber indicates this is not necessary)
  - Ok to discharge patient at completion of infusion with no observation period
3. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters
4. Nursing communication orders, every visit: Manage hypersensitivity reactions per LH 906.6606

**HYPERSENSITIVITY MEDICATIONS:** Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients

1. diphenhydramine 25-50 mg IV, AS NEEDED x1 for hypersensitivity reaction
2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
3. hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. naloxone (Narcan) 0.4 mg IV, AS NEEDED x1 dose for diminished respiratory rate
6. sodium chloride 0.9% 1000 mL IV, AS NEEDED x 1 dose for alteration in hemodynamic status
7. Nursing communication order, every visit: Please follow treatment algorithm for acute infusion reaction.

Please check the appropriate box for the patient's preferred clinic location:

**Legacy Day Treatment Unit**  
700 NE 87<sup>th</sup> Avenue, Suite 360  
Vancouver, WA 98664  
Phone number: 360-896-7070  
Fax number: 360-487-5773

**Legacy Silverton STEPS Clinic**  
Legacy Silverton Medical Center  
342 Fairview Street  
Silverton, OR 97381  
Phone number: 503-873-1670  
Fax number: 503-874-2483

**Legacy Salmon Creek  
Day Treatment Unit**  
2121 NE 139<sup>th</sup> Street, Suite 110  
Vancouver, WA 98686  
Phone number: 360-487-1750  
Fax number: 360-487-5773

**Legacy Emanuel Day Treatment Unit**  
501 N Graham Street, Suite 540  
Portland, OR 97227  
Phone number: 503-413-4608  
Fax number: 503-413-4887

Provider signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Organization/Department: \_\_\_\_\_