LEGACY H E A L T H	Legacy Day Treatment Unit Provider's Orders Adult Ambulatory Infusion Order AGALSIDASE BETA (FABRAZYME)	Patient Name: Date of Birth: Med. Rec. No (TVC MRN Only):			
	ALL ORDERS MUST BE MARK	ED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE			
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			

Diagnosis: Diagnosis Code:

## **GUIDELINES FOR PRESCRIBING:**

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

- 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 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

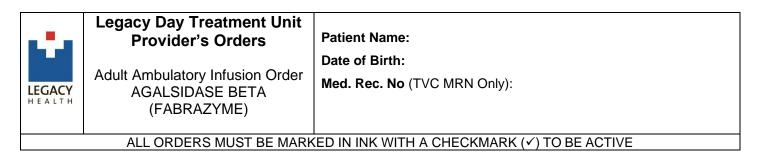
## **MEDICATIONS:**

## (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:

<u>&lt;</u> 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	



## 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.
- 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
- 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 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 Silverton STEPS Clinic

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

# □ 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:		

Last updated 04/22/2020