



St. Charles Health System

Adult Ambulatory Infusion Order
Agalsidase Beta (FABRAZYME)

Patient Name:
Date of Birth:

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

Treatment Start Date: _____ **Allergies:** _____
Weight: _____ **kg** **Height:** _____ **cm**

REQUIRED ITEMS for all orders – necessary for insurance approval, scheduling, and patient safety

- 1. FACE SHEET with complete INSURANCE information and patient CONTACT information**
- 2. Recent VISIT NOTE to support treatment (if not available in Epic)**
- 3. LAB RESULTS for any required prescreening (if not available in Epic)**
- 4. DIAGNOSIS CODE** _____
- 5. Patient NAME and DATE OF BIRTH on EVERY page faxed**

NURSING ORDERS:

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
2. VITAL SIGNS – Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion, then every 30 minutes during infusion, then at the end of infusion.
3. Initial infusion: Initial rate should not exceed 15 mg/hr.
 - a. 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.
 - b. If there is a previous infusion reaction contact provider for guidance.
4. 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

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)

- acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE, every visit 30 minutes prior to infusion
- diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, ONCE, every visit 30 minutes prior to infusion
- cetirizine (Zyrtec) tablet, 10 mg, oral, ONCE, every visit 30 minutes prior to infusion, if diphenhydrAMINE is not given (**Choose as alternative to diphenhydramine if needed**)
- Other: _____ 30 minutes prior to infusion, every visit

MEDICATIONS:

- Agalsidase beta (FABRAZYME) 1 mg/kg = _____ mg in sodium chloride 0.9% IV infusion, ONCE, every 2 weeks x _____ doses. (Pharmacist will round dose to nearest 5 mg vial and modify during order verification).



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INFUSION MONITORING/REACTION:

Infusion Reaction. Acute Infusion and Hypersensitivity Medication Protocol will be used unless the provider selects the option below. If opting out, alternative orders must be included.

NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately.

1. diphenhydramine 25 mg IV, AS NEEDED x1 for hypersensitivity reaction
2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
3. methylprednisolone 125 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. epinephrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. sodium chloride 0.9% 1000 mL IV, 200 mL/hr, AS NEEDED x 1 dose for alteration in hemodynamic status
6. albuterol 2.5 mg/3 mL nebule, AS NEEDED x1 dose for hypersensitivity reaction

Opting out of standard protocol. Alternative orders are attached, or deviations are documented:

Patient will be treated at the following infusion location:

- St. Charles Outpatient Infusion Center
2500 NE Neff Road, Bend, OR 97701
Phone: (541) 706-5820 Fax: (541) 706-5825

By signing below, I represent the following:

- I am responsible for the care of the patient identified on this form
- I hold an active, unrestricted license to practice medicine
- I am acting within my scope of practice and authorized by law to order the medication described above for the patient identified on this form

ALL ITEMS BELOW MUST BE COMPLETED TO BE A VALID PRESCRIPTION

Signature: _____ License #: _____ Date: _____

Print Name: _____ Phone: _____ Fax: _____

Plan will expire 1 year after signature date at which time a new order will need to be placed