



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the X to remove the pre-checked option.

AGALSIDASE BETA (FABRAZYME) INFUSION [11500482] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Pre-Medications	Interval
<input type="radio"/> diphenhydRAMINE (BENADRYL) capsule 50 mg <i>Give 30 minutes prior to infusion.(Provider can choose IV or PO)</i>	Every 14 days Route: Oral
<input type="radio"/> diphenhydRAMINE (BENADRYL) injection 50 mg <i>Give 30 minutes prior to infusion.(Provider can choose IV or PO)</i>	Every 14 days Route: IV
<input type="radio"/> acetaminophen (TYLENOL) tablet 1,000 mg <i>Give 30 minutes prior to infusion.</i>	Every 14 days Route: Oral
<input type="radio"/> hydrocortisone sodium succinate (Solu-CORTEF) IV 100mg <i>Give 30 minutes prior to infusion</i>	Every 14 days Route: IV

Supportive Care	Interval
<input checked="" type="checkbox"/> AGALSIDASE BETA IVPB <i>Starting when released, TITRATION SCHEDULE:0 - 15 min at 50ml/hr; 16 - 30 min at 150ml/hr; 31 - 45 min at 250ml/hr; 46min - end at 350ml/hr (total infusion approximately 1 hour 50 minutes) USE A 0.2 MICRON LOW PROTEIN-BINDING FILTER DURING ADMINISTRATION.</i> Dose _____ Frequency _____ Every 14 Days _____	Route: IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Starting when released, Monitor blood pressure, heart rate, and temperature every 30 minutes during infusion.</i>	Every 14 days
<input checked="" type="checkbox"/> Nursing Communication <i>Starting when released, Observe patient for 30 minutes after completing infusion. If stable, discontinue IV and discharge patient.</i>	Every 14 days

Vascular Access (single select)	Interval
<input type="radio"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	Every Visit

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5034-DT (12/08/2024)

AGALSIDASE BETA (FABRAZYME) INFUSION

- Central line (non-PICC) Every Visit
 - Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care prior to medication administration PRN*
 - sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care post medication administration PRN*
 - sodium chloride (NS) flush 20 mL
 - 20 mL As Needed for Line Care post lab draw PRN*
 - sodium chloride (NS) flush 10 mL
 - 10 mL for Line Care at discharge and de-access every visit*
 - heparin 100 units/mL 5 mL
 - 5 mL for de-access PRN*
 - alteplase (CATHFLO) injection 2 mg
 - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*
- PICC line Every Visit
 - Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
 - Change PICC line dressing weekly and PRN*
 - sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care prior to medication administration PRN*
 - sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care post medication administration PRN*
 - sodium chloride (NS) flush 20 mL
 - 20 mL As Needed for Line Care post lab draw PRN*
 - alteplase (CATHFLO) injection 2 mg
 - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

PRN Medications	Interval
O sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN Route: IV
O sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN Route: IV

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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AGALSIDASE BETA (FABRAZYME) INFUSION

✗ albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation
2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.

✗ methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV
125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.

✗ EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular
0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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AGALSIDASE BETA (FABRAZYME) INFUSION