Spectrum Health Helen DeVos children's hospital

Physician's Orders ELOSULFASE ALFA (VIMIZIM) - PEDIATRIC, OUTPATIENT, INFUSION CENTER

Patient Name

DOB

MRN

Physician

FIN

Defaults for orders not otherwise specified below:

☐ Interval: Every 7 days

Duration:

☐ Until date: __________

☐ 1 year

☐ ______# of Treatments

Anticipated Infusion Date_____________ ICD 10 Code with Description___________________________________

Height_____________(cm) Weight____________(kg) Allergies____

Provider Specialty

☐ Allergy/Immunology	☐ Infectious Disease	☐ OB/GYN	☐ Rheumatology
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery
☐ Gastroenterology	☐ Nephrology	☐ Otolaryngology	☐ Urology
☐ Genetics	☐ Neurology	☐ Pulmonary	☐ Wound Care

Site of Service

☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Provider Reminder

	Interval	Duration
☑ ONC PROVIDER REMINDER 10	Once	1 treatment

Pretreatment with antihistamines with or without antipyretics is recommended. For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions Therapy Plan".

Lab Orders

	Interval	Duration
☐ Labs: ____	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments
☐ Labs: ____	☐ Every ___days ☐ Once	☐ Until date: _______ ☐ 1 year ☐ ______# of Treatments

Pre-Medications

☐ **Acetaminophen Premed-select Susp,tab Or Chewable.**

☐ acetaminophen (TYLENOL) 32 MG/ML suspension 10 mg/kg (Treatment Plan)

10 mg/kg, Oral, Once, For 1 Doses

Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose is 1000 mg
No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

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☐ acetaminophen (TYLENOL) tablet 10 mg/kg (Treatment Plan)

10 mg/kg, Oral, Once, Starting S, For 1 Doses

Recommended maximum single dose is 1000 mg
No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day
Give 30 to 60 minutes prior to infusion.

☐ acetaminophen (TYLENOL) dispersable / chewable tablet 10 mg/kg (Treatment Plan)

10 mg/kg, Oral, Once, Starting S, For 1 Doses

Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose is 1000 mg
No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

☐ **Diphenhydramine Premed-select Cap,liquid Or Injection.**

☐ diphenhydrAMINE (BENADRYL) capsule 0.5 mg/kg (Treatment Plan)

0.5 mg/kg, Oral, Once, Starting S, For 1 Doses

Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose 50 mg

☐ diphenhydrAMINE (BENADRYL) 12.5 MG/5ML elixir 0.5 mg/kg (Treatment Plan)

0.5 mg/kg, Oral, Once, Starting S, For 1 Doses

Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose 50 mg

☐ diphenhydrAMINE (BENADRYL) injection 0.5 mg/kg (Treatment Plan)

0.5 mg/kg, Intravenous, Once, Starting S, For 1 Doses

Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose 50 mg

☐ methylPREDNISolone sodium succinate (SOLU-Medrol) injection 0.5 mg/kg (Treatment Plan)

0.5 mg/kg, Intravenous, for 15 Minutes, Once, For 1 Doses

Administer 30 to 60 minutes prior to infusion.
Recommended maximum single dose 80 mg

To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

Additional Pre-Medications

☐ Pre-medication with dose: ____

☐ Pre-medication with dose: ____

Medications

Select Elosulfase Alfa Infusion Based On Patient's Weight

☐ elosulfase alfa (VIMIZIM) 2 mg/kg in sodium chloride 0.9 % 100 mL IVPB

2 mg/kg, Intravenous, Titrate, Starting S, For 1 Doses

FOR PATIENTS WEIGHING LESS THAN 25 kg: Start infusion at 3 mL/hr. If tolerated without reaction, escalate infusion rate in 15 minutes to 6 mL/hr. If tolerated without reaction may escalate infusion rate every 15 minutes by 6 mL/hr to a maximum rate of 36 mL/hour. The total dose should be delivered over a minimum of 3.5 hours. Protect from light. Do NOT shake.

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ELOSULFASE ALFA (VIMIZIM) - PEDIATRIC, OUTPATIENT, INFUSION CENTER *(CONTINUED)*

Patient Name

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Medications (continued)

☐ elosulfase alfa (VIMIZIM) 2 mg/kg in sodium chloride 0.9 % 250 mL IVPB

2 mg/kg, Intravenous, Titrate, Starting S, For 1 Doses

FOR PATIENTS WEIGHING 25 kg OR MORE: Start infusion at 6 mL/hr. If tolerated without reaction, may escalate infusion rate in 15 minutes to 12 mL/hr. If tolerated without reaction may escalate infusion rate by 12 mL/hour every 15 minutes to a maximum rate of 72 mL/hour. The total dose should be delivered over a minimum of 4.5 hours. Protect from light. Do NOT shake.

Nursing Orders

☑ ONC NURSING COMMUNICATION 101

- Place intermittent infusion device as necessary.

- Infuse through a 0.2 micron, low protein binding inline filter.

- Slight flocculation (thin translucent particles) may occasionally occur. Diluted solution with slight flocculation is acceptable for administration.

- Monitor vital signs with Pulse oximetry, Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every 15 minutes through 30 minutes after drug completion.

- Notify attending physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.

- At the end of infusion, flush secondary line with 0.9% Sodium Chloride.

- Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.

☑ ONC NURSING COMMUNICATION 2

- Observe patient in the infusion center for 30 minutes following completion of infusion.

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Telephone order/Verbal order documented and read-back completed. Practitioner's initials ______________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED: TIME DATE	**VALIDATED:** TIME DATE	**ORDERED:** TIME DATE	Pager #
Sign	**R.N. Sign**	**Physician Print**	**Physician**

EPIC VERSION DATE: 07/16/20

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