

Physician's Orders

ALPHA 1 PROTEINASE INHIBITOR (HUMAN) PROLASTIN-C OR ZEMAIRA - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

- Interval: Every 7 days
- Interval: Every 14 days
- Interval: Every ___ days

Duration:

- Until date: _____
- 1 year
- _____ # of Treatments
-

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Appointment Requests

- Infusion Appointment Request**
 Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Safety Parameters and Special Instructions

- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 2**
 ALPHA 1-PROTEINASE INHIBITOR:

MONITOR: Lung function, Alpha 1 - proteinase inhibitor serum levels

For IV infusion only. Do not mix with other agents or solutions. If adverse reactions occur during administration, rate may be decreased or temporarily interrupted. Some products require an in-line filter for administration; consult specific product labeling.

Hypersensitivity: Severe hypersensitivity and anaphylactic reactions may occur; stop infusion promptly for acute hypersensitivity; immediate treatment (including epinephrine and/or other supportive therapy) should be available. May contain trace amounts of IgA; patients with known anti-IgA antibody, which may be present in patients with selective or severe IgA deficiency, have an increased risk of developing potentially severe hypersensitivity and anaphylactic reactions.

Plasma volume may increase following infusion; use with caution in patients at risk for fluid overload.

Nursing Orders

- ONC NURSING COMMUNICATION 100**
 May Initiate IV Catheter Patency Adult Protocol

CONTINUED ON PAGE 2 →
NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.



Patient Name
 DOB
 MRN
 Physician
 FIN

ALPHA 1 PROTEINASE INHIBITOR (HUMAN) PROLASTIN-C OR ZEMAIRA - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Page 2 to 2

Vitals

- Vital Signs**
 Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

Medications

Alpha 1-proteinase Inhibitor (human) Prolastin-C Or Zemaira

- alpha1-proteinase Inhibitor (human) (PROLASTIN-C LIQUID) IVPB
 - 60 mg/kg (**WEEKLY**)
 - 120 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Doses
 Use a sterile 15 micron in-line filter when administering. Infuse at 0.08 mL/kg/min. Do not mix with other agents or solutions. If adverse reactions occur during administration, rate may be decreased or temporarily interrupted.
 Monitor closely for anaphylactic reaction; treatment for anaphylactic reactions should be available and in case of severe reaction, infusion should be stopped and provider notified.

- alpha 1-proteinase Inhibitor (human) (ZEMAIRA) IVPB
 - 60 mg/kg (**WEEKLY**)
 - 120 mg/kg

Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Doses
 Infuse at 0.08 mL/kg/min. Do not mix with other agents or solutions. If adverse reactions occur during administration, rate may be decreased or temporarily interrupted. Some products require an in-line filter for administration; consult specific product labeling.
 Monitor closely for anaphylactic reaction; treatment for anaphylactic reactions should be available and in case of severe reaction, infusion should be stopped and provider notified.

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.

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

EPIC VERSION DATE: 07/16/20