



**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 MARKED 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

Allergies: _____

Diagnosis: _____ **Diagnosis Code:** _____

GUIDELINES FOR PRESCRIBING:

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:

≤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



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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.
2. 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
3. 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 –
The Vancouver Clinic Building**
A department of Salmon Creek Medical Center
 700 NE 87th Avenue, Suite 360
 Vancouver, WA 98664
 Phone number: 360-896-7070
 Fax number: 360-487-5773

Legacy Emanuel Day Treatment Unit
A department of Emanuel Medical Center
 501 N Graham Street, Suite 540
 Portland, OR 97227
 Phone number: 503-413-4608
 Fax number: 503-413-4887

Legacy Salmon Creek Day Treatment Unit
 Legacy Salmon Creek Medical Center
 2121 NE 139th 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 Woodburn STEPS Clinic
A department of Silverton Medical Center
 Legacy Woodburn Health Center
 1475 Mt Hood Ave
 Woodburn, OR 97071
 Phone number: 503-982-1280
 Fax number: 503-225-8723

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Organization/Department: _____