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:

<table>
<thead>
<tr>
<th>Dose Range</th>
<th>Minimum Total Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤35 mg</td>
<td>50 mL</td>
</tr>
<tr>
<td>35.1-70 mg</td>
<td>100 mL</td>
</tr>
<tr>
<td>70.1-100 mg</td>
<td>250 mL</td>
</tr>
<tr>
<td>&gt;100 mg</td>
<td>500 mL</td>
</tr>
</tbody>
</table>

Last updated 04/22/2020
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 x1 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
  700 NE 87th Avenue, Suite 360
  Vancouver, WA 98664
  Phone number: 360-896-7070
  Fax number: 360-487-5773

□ Legacy Salmon Creek
  Day Treatment Unit
  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 Emanuel Day Treatment Unit
  501 N Graham Street, Suite 540
  Portland, OR 97227
  Phone number: 503-413-4608
  Fax number: 503-413-4887

Provider signature: ___________________________  Date/Time: ___________________________

Printed Name: ___________________________  Phone: ___________  Fax: ___________

Organization/Department: ___________________________