

Krystexxa Infusion Orders (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form to

Required Lab Results: Prior to first infusion, a G6PD level is required. (If outside of Atrium, fax with order. Required prior to scheduling.)

Infusion Therapy:

Krystexxa (pegloticase) **8mg** IV over 2 hours

Frequency: every _____ weeks

ICD 10 code: _____

Pre-Meds: Administer 30 minutes prior to Krystexxa:

Acetaminophen **1000 mg** PO x 1

Benadryl _____ mg PO or _____ mg IV x 1 (*if applicable, only choose ONE*)

Loratadine **10mg** PO x1

SoluMedrol **125 mg** IV x 1

Post-Infusion:

Normal Saline 0.9% IV at 50mL/hr for 1-hour post-infusion.

Additional Orders:

Special Instructions:

- Uric acid level within 72 hours of the infusions (**past the first infusion**) must be checked. Do not infuse if level is greater than 6.0mg/dL for 2 consecutive infusions. Notify physician if labs were not done.
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring

- Obtain vital signs pre- and post-infusion and at time of discharge. Monitor patient for signs and symptoms of reaction during infusion and check vital signs every 30mins PRN.
- Observe for infusion reaction for one-hour post-infusion.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: