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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Cerezyme (imiglucerase)** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  CBC and differential, Comprehensive Metabolic Panel, Angiotensin Converting Enzyme (ACE), Chitotriosidase Assay (CHITO), Tartrate Resistant Acid Phosphatase (TRAP) – Due every 24 weeks. | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| Cerezyme (imiglucerase) IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg   * 60 Units/kg, intravenous, for 2 Hours | | | | | Every 2 weeks | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | |
| **Medication** | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Benadryl | | | 25mg | IVP | Tylenol | | | 650mg | PO |
| Benadryl | | | 25mg | PO | Zofran | | | 8mg | IV |
| **PRN MEDS:**  Tylenol (acetaminophen) tablet 650 mg   * Every 4 hours PRN, mild pain (1-3), moderate pain (4-6), fever >100.4 F   Benadryl (diphenhydramine) injection 25mg   * 25 mg, intravenous, Every 4 hours PRN, for signs of mild reaction | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided)**  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED – results will be provided** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
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| **Nursing Communication/Orders** | | | | | | | | | |
| * Obtain vital signs prior to treatment, at each rate change, every hour once at goal rate, and post-treatment. * Monitor patient for signs and symptoms of infusion reaction. * Once complete, flush NS at current rate until all medication is infused. * Notify provider if patient experiences hypersensitivity reaction. Stop the infusion if hypersensitivity reaction occurs. Administer only the hypersensitivity medications required for appropriate symptom relief. | | | | | | | | | |