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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** |
| [x]  Cerezyme (imiglucerase) IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mg* 60 Units/kg, intravenous, for 2 Hours
 | [x]  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:**[x]  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.
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