



Print Patient Name (Required)

DOB

Height (cm): _____
Weight (kg): _____
BSA (m2): _____
Allergies: _____

Place Patient Barcode Here

Agalsidase beta (Fabrazyme) Infusion

Admit to: Inpatient Outpatient Observation

Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
 Normal Saline/Heparin Flush per protocol

Premedications

Acetaminophen (15mg/kg) = _____ mg PO (max dose 650mg)
 Diphenhydramine (1mg/kg) = _____ mg PO (max dose 50mg)

Agalsidase beta _____ mg in normal saline for a total volume of _____ mL IV once; infuse through a low protein-binding 0.2 micrometer in-line filter.

Rate: Begin infusion at rate of _____ mL/hr. If patient tolerates after 30 minutes, increase to _____ mL/hr for the remainder of the infusion.

Nursing Orders

Weigh patient prior to infusion
Infuse agalsidase beta with 1/2 NS to allow total max fluid rate to be _____ mL/hr.
Monitor vital signs with each rate change and then every 30 minutes during infusion, then continue to observe and obtain vital signs 1 hour post infusion.
 CBC CMP UA Other: _____
 Call lab results prior to starting infusion

PRN Medications:

Ibuprofen (10mg/kg)= _____ mg (max 800mg) PO once prn mild pain/temp >100.4 (call for fever prior to giving)
 Acetaminophen (15mg/kg) = _____ mg (mg 650mg) PO once prn mild pain/temp>100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
 Ondansetron (0.15mg/kg)=_____ mg (max 8mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medication on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

Diphenhydramine (1 mg/kg) = _____ mg (Max dose 50 mg) IV (must wait at least 4 hours from any prior dose)
 Famotidine (0.5mg/kg)=_____ mg (max 20mg) IV once
 Methylprednisolone (2 mg/kg) = _____ mg (Max dose 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

< 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = _____ mg IM
 10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM
 ≥ 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM

Orders good until this date: _____ Infusion Frequency: _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name: _____

