



Print Patient Name (Required)

DOB

Height (cm): \_\_\_\_\_  
Weight (kg): \_\_\_\_\_  
BSA (m<sup>2</sup>): \_\_\_\_\_  
Allergies: \_\_\_\_\_

Place Patient Barcode Here

### Idursulfase (Elaprase) 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 IV or PO (max dose 50mg)

**Idursulfase** (0.5 mg/kg) = \_\_\_\_\_ mg in 100 mL normal saline IV once. Infuse through low protein-binding 0.2 micrometer in-line filter.

**Rate:** Begin infusion at rate of 8 mL/hr for 15 minutes, and if tolerated increase rate by 8 mL/hr every 15 minutes to a final rate of 32 mL/hr.

#### Nursing Orders

Weigh patient prior to infusion

Monitor Vital Signs pre-infusion, every 30 minutes during infusion, at the completion of infusion, and 30 minutes post-infusion.

Discharge once infusion completed  Discharge \_\_\_\_\_ minutes 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: Weekly

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Printed Name: \_\_\_\_\_