



Print Patient Name (Required)

DOB

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

Place Patient Barcode Here

Alglucosidase Alfa (Lumizyme) Infusion

Admit to: [] Inpatient [] Outpatient [] Observation
[] Port [] Broviac [] PICC [] Place Peripheral IV [x] Topical anesthetic per protocol
[x] 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)

Alglucosidase Alfa _____ mg (rounded to the nearest vial size) in normal saline for a total volume of _____ IV once;
infuse with low protein binding 0.2 micrometer in-line filter

Rate: Begin infusion at rate of _____ mL/hr. As long as patient tolerates each increase, continue increasing by the following
rates. Increase to _____ mL/hr after 30 minutes, _____ mL/hr for 30 minutes, _____ mL/hr for 30 minutes, then max rate of _____
mL/hr for the remainder of the infusion.

Nursing Orders

Weigh patient prior to infusion
Infuse Lumizyme 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: _____

