



Print Patient Name (Required)

DOB

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

Place Patient Barcode Here

Laronidase (Aldurazyme) 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)
Methylprednisolone = mg IV (max dose 1000 mg) over min

Laronidase mg in normal saline IV once. Infuse with low protein binding 0.2 micrometer in-line filter.
Rate: Begin infusion at rate of 2 mL/hr. If patient tolerates each increase, continue increasing as follows: increase to 4 mL/hr after 15 minutes, 8 mL/hr for 15 minutes, 16 mL/hr for 30 minutes, then max rate of 32 mL/hr for the remainder of the infusion.

Nursing Orders

Weigh patient prior to infusion
Monitor Vital Signs with each rate change and then every hour 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 (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
Acetaminophen (15 mg/kg) = mg (max 650 mg) 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 (0.15 mg/kg) = mg (max 8 mg) 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 medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once
Methylprednisolone (2 mg/kg) = mg (max 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 once
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
>= 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Orders good until this date: Infusion Frequency:

Physician's Signature: Date: Time:

