



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

 PHYO  
 CMC84592-001NS Rev. 11/2020

**Galsulfase - Therapy Plan**
**BASELINE PATIENT DEMOGRAPHIC**

To be completed by the ordering provider.

 NKDA - No Known Drug Allergies    Height: \_\_\_\_\_ cm    Weight: \_\_\_\_\_ kg    Body Surface Area: \_\_\_\_\_ (m<sup>2</sup>)

 Allergies: \_\_\_\_\_

**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: \_\_\_\_\_ weeks    \_\_\_\_\_ months    \_\_\_\_\_ unknown

Treatment should begin:     as soon as possible (within a week)     within the month
**\*\*Plans must be reviewed / re-ordered at least annually. \*\***
**ORDERS TO BE COMPLETED FOR EACH THERAPY**
**ADMIT ORDERS**
 Height and weight

 Vital signs

**NURSING ORDERS**

Please select all appropriate therapy

**Insert peripheral IV**

Place PIV if needed or access IVAD if available

 **lidocaine 1% BUFFERED (J-TIP LIDOCAINE)**

0.2 mL, INTRADERMAL, PRN

- 
- when immediate procedure needed
- 
- 
- when procedure will take about 1 minute
- 
- 
- patient/family preference for procedure

 Administration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets  $\leq$  20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates.

 **lidocaine - prilocaine (EMLA) cream**

Topical, PRN

- 
- when more than 60 minutes are available before procedure
- 
- 
- when procedure will take more than 1 hour
- 
- 
- patient/family preference for procedure

Administrations Instructions: NOTE: In children &lt; 3 months of age, or &lt; 5 kg in weight, maximum application time is 1 hour.

 **lidocaine - tetracaine (SYNERA) patch**

Topical, PRN

- 
- when 20 - 30 minutes are available before procedure
- 
- 
- when procedure will take more than 1 hour
- 
- 
- when anticipated pain is less than 5 mm from skin surface
- 
- 
- patient/family preference for procedure

 **lidocaine with transparent dressing 4% kit**

Topical, PRN

- 
- when 20 - 30 minutes are available before procedure
- 
- 
- when procedure will take more than 1 hour
- 
- 
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**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**NURSING ORDERS, CONTINUED**

**Select One:**

**heparin flush**

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

**heparin flush**

100 - 300 Units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

**sodium chloride flush 0.9% Injection**

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

**sodium chloride - pres free 0.9% injection**

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

**PRE-MEDICATIONS**

**acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg) nursing communication**

Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

**acetaminophen suspension**

15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**acetaminophen tablet**

15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**ibuprofen pre-medication 30 minutes prior (10 mg / kg, maximum 600 mg) nursing communication**

Administer only one of the ibuprofen orders, suspension or tablets, do not give both.

**ibuprofen suspension**

10 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**ibuprofen tablet**

10 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**diphenhydrAMINE pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg) nursing communication**

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

**diphenhydrAMINE liquid**

1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**diphenhydrAMINE capsule**

1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion

**Dose:** \_\_\_\_\_

Key: cm = centimeter; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m<sup>2</sup> = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / L = milliosmole per liter; NKDA = No Known Drug Allergies; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = Polyvinyl Chloride



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**INTRA - PROCEDURE**

**Nursing communication**

DO NOT SHAKE. Administer with PVC infusion set equipped with low protein binding 0.2 micron filter.

Vital signs EVERY 15 minutes, observe for hypoxia, changes in blood pressure, respiratory distress, angioedema and seizures during infusion. If severe reaction occurs, immediately suspend the infusion and contact physician.

**Nursing communication**

Administer through port at following schedule:

For patients < 20 kg: begin infusion at 3 mL / hour

If tolerated, increase rate to 32 mL / hour (maximum rate 32 mL / hour)

Infuse over no less than 4 hours

For patients ≥ 20 kg: begin infusion at 6 mL / hour

If tolerated, increase rate to 80 mL / hour (maximum rate = 80 mL / hour)

Infuse over no less than 4 hours

**Physician communication order**

Dose of galsulfase (NAGLAZYME) = 1 mg / kg. Please enter the dose of galsulfase in 'mg' to facilitate prior authorization requirements. Vials come as 5 mg / 5 mL. For patients < 20 kg, use 100 mL volume order and patients ≥ 20 kg, use 250 mL volume order.

**Select one:**

**galsulfase in sodium chloride 0.9% 100 mL infusion**

**INTERVAL = 1 time a week**

INTRAVENOUS, at 3 mL / hr, ONCE, starting 1 hour after treatment start time for 1 dose. Administer over 4 hours. Administer using a low - protein - binding infusion set equipped with low protein binding 0.2 micron in - line filter. Begin infusion at 3 mL / hour. If tolerated, increase rate to 32 mL / hour. (maximum rate = 32 mL / hour). Infuse over no less than 4 hours.

**Dose:** \_\_\_\_\_

**galsulfase in sodium chloride 0.9% 250 mL infusion**

**INTERVAL = 1 time a week**

INTRAVENOUS, at 6 mL / hour, ONCE, starting 1 hour after treatment start time for 1 dose. Administer over 4 hours. Administer using a low - protein - binding infusion set equipped with low protein binding 0.2 micron in - filter. Begin infusion at 6 mL / hour. If tolerated, increase rate to 80 mL / hour. (maximum rate = 80 mL / hour). Infuse over no less than 4 hours.

**Dose:** \_\_\_\_\_

**INTRA - PROCEDURE**

**Therapy appointment request**

**Please select department for the therapy appointment request:**

Expires in 365 days

- Dallas Special Procedures
- Plano Infusion Center
- Dallas Allergy
- Dallas Transplant
- Dallas Neurology

**EMERGENCY MEDICATIONS**

**Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement: **PATIENT IS HAVING A DRUG REACTION**

- a. Stop the infusion
- b. Give diphenhydramine as ordered
- c. Check vitals including blood pressure every 5 minutes until further orders from provider.
- d. Connect patient up to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- e. Notify provider for further orders



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**EMERGENCY MEDICATIONS**

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling: **PATIENT IS HAVING ANAPHYLAXIS**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure (BP) every 5 minutes until the code team arrives.
- f. Connect patient to up monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

**Hypotension is defined as follows:**

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years – systolic blood pressure (SBP) less than 90
- OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

**EPINEPHrine Injection  
(AMPULE / EPI - PEN JR. / EPI - PEN)**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses  
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

**Dose:** \_\_\_\_\_

**Cardio / respiratory monitoring rationale for monitoring:  
high risk patient (please specify risk)**

(Patient receiving infusion with potential infusion reactions);  
heart rate, respiratory rate, oxygen saturation  
Rationale for Monitoring: High risk patient (please specify risk)  
Parameters: heart rate, respiratory rate, oxygen saturation  
Alarm limits: preset to age specified limits

**diphenhydrAMINE injection**

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose maximum dose = 50 mg per dose, 300 mg per day.

**Dose:** \_\_\_\_\_

**Albuterol for aerosol**

0.25 mg / kg., INHALATION, ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

**Dose:** \_\_\_\_\_

**POST - PROCEDURE**

**Nursing communication**

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion. Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD. Discontinue PIV prior to discharge on the last day of infusion.



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**ORDERS TO BE COMPLETED FOR EACH THERAPY**

**POST - PROCEDURE**

**Sodium chloride 0.9% infusion**

INTRAVENOUS at 0 - 25 mL / hr

**Dose:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

(circle one):  
MD DO

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Provider