



PHYO
CMC85189-001NS Rev. 4/2021

Elosulfase (Vimizim)
Infusion Therapy Plan

Patient Name: _____

Date of Birth: _____

Baseline Patient Demographic

To be completed by the ordering provider.

Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)

NKDA - No Known Drug Allergies 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

Hypotension Defined Admit

Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction occurring.

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 of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS

Insert peripheral IV / Access IVAD

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

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.



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NURSING ORDERS, CONTINUED

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
- patient / family preference for procedure

Heparin flush

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

Sodium chloride flush 0.9% injection

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

Sodium chloride - preservative free 0.9% injection

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

PRE-MEDICATIONS

Acetaminophen pre-medication 60 minutes prior (15 mg / kg, maximum 650 mg)

Nursing communication

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

acetaminophen suspension

15 mg / kg, ORAL, for 1 dose pre-medication, give 60 minutes prior to infusion

Dose: _____

acetaminophen tablet

15 mg / kg ORAL, for 1 dose pre-medication, give 60 minutes prior to infusion

Dose: _____

Ibuprofen pre-medication 60 minutes prior (10 mg / kg, maximum 600 mg)

Nursing Communication

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

Ibuprofen suspension

10 mg / kg, ORAL, for 1 dose pre-medication, give 60 minutes prior to infusion

Dose: _____

Ibuprofen tablet

10 mg / kg ORAL, for 1 dose pre-medication, give 60 minutes prior to infusion

Dose: _____



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PRE-MEDICATIONS, CONTINUED

Diphenhydramine pre-medication 60 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 60 minutes prior to infusion

Dose: _____

diphenhydrAMINE capsule

1 mg / kg ORAL, for 1 dose pre-medication, give 60 minutes prior to infusion

Dose: _____

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 60 minutes prior to infusion

Dose: _____

INTRA- PROCEDURE

Nursing Communication

DO NOT SHAKE. Administer the diluted elosulfase 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 (BP), respiratory distress, angiodema and seizures during infusion. If severe reaction occurs, immediately stop the infusion and contact the ordering provider.

Nursing Communication

Administer through port at following schedule:

Dose: _____

	< 25 kg		> 25 kg		
	Rate	Time at that rate	Initial rate	Rate	Time at that rate
Initial rate	3 mL / hour	for 15 minutes	Initial rate	6 mL / hour	for 15 minutes
Increase rate to	6 mL / hour	for 15 minutes	Increase rate to	12 mL / hour	for 15 minutes
Increase rate to	12 mL / hour	for 15 minutes	Increase rate to	24 mL / hour	for 15 minutes
Increase rate to	18 mL / hour	for 15 minutes	Increase rate to	36 mL / hour	for 15 minutes
Increase rate to	24 mL / hour	for 15 minutes	Increase rate to	48 mL / hour	for 15 minutes
Increase rate to	30 mL / hour	for 15 minutes	Increase rate to	60 mL / hour	for 15 minutes
Increase rate to	Maximum rate 36 mL / hour	for 15 minutes	Increase rate to	Maximum rate 72 mL / hour	for 15 minutes
Then stop infusion		Infusion complete	Then stop infusion		Infusion complete

Physician Communication Order

Dose of elosulfase = 2 mg / kg. Vials come as 5 mg / 5 mL. Total volumes and infusion rates are different based on weights of < 25 kg. (100 mL) or ≥ 25 kg (250 mL). Select the appropriate order below that is needed (100 mL for patients < 25 kg and 250 mL for patients ≥ 25 kg. Please enter the dose of elosulfase in 'mg' to facilitate prior authorization requirements.

elosulfase alfa sodium chloride 0.9% 100 mL infusion INTERVAL: 1 time a week DEFER UNTIL: _____ DURATION: _____

Dose: _____

	< 25 kg		≥ 25 kg		
	Rate	Time at that rate	Initial rate	Rate	Time at that rate
Initial rate	3 mL / hour	for 15 minutes	Initial rate	6 mL / hour	for 15 minutes
Increase rate to	6 mL / hour	for 15 minutes	Increase rate to	12 mL / hour	for 15 minutes
Increase rate to	12 mL / hour	for 15 minutes	Increase rate to	24 mL / hour	for 15 minutes
Increase rate to	18 mL / hour	for 15 minutes	Increase rate to	36 mL / hour	for 15 minutes
Increase rate to	24 mL / hour	for 15 minutes	Increase rate to	48 mL / hour	for 15 minutes
Increase rate to	30 mL / hour	for 15 minutes	Increase rate to	60 mL / hour	for 15 minutes
Increase rate to	Maximum rate 36 mL / hour	for 15 minutes	Increase rate to	Maximum rate 72 mL / hour	for 15 minutes
Then stop infusion		Infusion complete	Then stop infusion		Infusion complete

Key: BP = blood pressure; cm = centimeter; IV = intravenous; IVAD = implantable venous access device; kg = kilogram; m² = square meters; mg = milligram; mL = milliliter; mL / hr = milliliters per hour; mOsm / l = milliosmole per liter; NKDA = No Known Drug Allergies; NS = normal saline; pH = hydrogen ion concentration; PIV = peripheral intravenous; PRN = as needed; PVC = polyvinyl chloride; SBP = systolic blood pressure



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INTRA- PROCEDURE, CONTINUED

elosulfase alfa in sodium chloride 0.9% 250 mL infusion INTERVAL: 1 time a week DEFER UNTIL: _____ DURATION: _____

Dose: _____

< 25 kg			> 25 kg		
	Rate	Time at that rate		Rate	Time at that rate
Initial rate	3 mL / hour	for 15 minutes	Initial rate	6 mL / hour	for 15 minutes
Increase rate to	6 mL / hour	for 15 minutes	Increase rate to	12 mL / hour	for 15 minutes
Increase rate to	12 mL / hour	for 15 minutes	Increase rate to	24 mL / hour	for 15 minutes
Increase rate to	18 mL / hour	for 15 minutes	Increase rate to	36 mL / hour	for 15 minutes
Increase rate to	24 mL / hour	for 15 minutes	Increase rate to	48 mL / hour	for 15 minutes
Increase rate to	30 mL / hour	for 15 minutes	Increase rate to	60 mL / hour	for 15 minutes
Increase rate to	Maximum rate 36 mL / hour	for 15 minutes	Increase rate to	Maximum rate 72 mL / hour	for 15 minutes
Then stop infusion		Infusion complete	Then stop infusion		Infusion complete

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

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 every 5 minutes until the code team arrives.
- f. Connect patient up to 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.

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 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 (SPB) less than 90
 OR any age – systolic blood pressure (SPB) drop more than 30% from baseline.
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EMERGENCY MEDICATIONS, CONTINUED

EPINEPHrine Injection Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg

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)

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate

Telemetry Required: Yes No

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.

Sodium chloride 0.9% infusion

INTRAVENOUS at 0 - 25 mL / hr, ONCE, for 1 dose.

Dose: _____

	(circle one): MD DO		
Signature of Provider	Credentials	Date	Time

Printed Name of Provider _____