



Patient Name: _____

Date of Birth: _____

 PHYO
 CMC0032-001NS Rev. 8/2022

**Onasemnogene Abergarvovec (ZOLGENSMA)
 Infusion Therapy Plan**
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

Notify Provider for Hypotension:

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.

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

Place PIV x 2 per onasemnogene aberparvovec protocol

 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

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



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ORDERS TO BE COMPLETED FOR EACH THERAPY

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

INTRA-PROCEDURE

Onasemnogene abeparovvec - XIOI (ZOLGENSMA) 2 x 10EXP13 VG / mL

1 Kit, INTRAVENOUS, ONCE, for 1 dose.

Dose: _____

Vital Signs

Monitor vital signs every 15 minutes x 1 hour during the infusion.

Observe for signs and symptoms and / or complaints of infusion related reactions. In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and notify the ordering provider.

Therapy Appointment Request

Please select department for the therapy appointment request:

Expires in 365 days

- Dallas Special Procedures Plano Infusion Center Dallas Neurology

Clinically required scheduled time: Next available, Morning



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ORDERS TO BE COMPLETED FOR EACH THERAPY
EMERGENCY MEDICATIONS
 Nursing communication

1. Hives or cutaneous reaction only – no other system involvement

PATIENT IS HAVING A DRUG REACTION:

- Stop the infusion
- Give diphenhydramine as ordered
- Check heart rate, respiratory rate and blood pressure every 5 minutes until further orders from provider.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation) if not already on one
- 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:

- Stop the infusion
- Call code – do not wait to give epinephrine
- Give epinephrine as ordered
- Notify provider
- Check heart rate, respiratory rate and blood pressure every 5 minutes until the code team arrives.
- Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- Give diphenhydramine once as needed for hives
- May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- May give albuterol as ordered for wheezing with oxygen saturation 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 $70 + (2 \times \text{age in years})$
 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) $\times 0.7 =$ value below defined as hypotension.

 **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: _____



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ORDERS TO BE COMPLETED FOR EACH THERAPY

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 / hour ONCE, for 1 dose.

Dose: _____

Vital Signs

Monitor vital signs every 15 minutes x 1 hour for the first hour following the infusion. Then, monitor vital signs every 30 minutes x 1 hour for the second hour following the infusion. Observe for signs and symptoms and / or complaints of infusion related reactions. In the event of any hypersensitivity or other infusion related symptoms, the infusion should be stopped and notify the ordering provider.

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider