



Patient Name: _____

Date of Birth: _____

PHYO
CMC85549-001NS Rev. 5/2021

Imiglucerase (CEREZYME) 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

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

Please select all appropriate therapy

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, suspension or tablets, do not give both.

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: _____



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Infusion Therapy Plan****ORDERS TO BE COMPLETED FOR EACH THERAPY****NURSING ORDERS, CONTINUED**

Please select all appropriate therapy

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

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

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: _____ **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 with PVC infusion set equipped with low protein binding 0.2 micrometer filter and administer over 2 hours.

 Vital signs

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.

 Physician Communication Order

Dose of imiglucerase (CEREZYME) = 60 - 120 units / kg. Vials come as 400 units / vial. For patients < 20 kg, select the 100 mL volume option for the sodium chloride 0.9% fluid. For patients ≥ 20 kg select the 250 mL volume option for the sodium chloride 0.9% fluid. Please enter the dose of imiglucerase in 'units' to facilitate prior authorization requirements.

 Imiglucerase in sodium chloride 0.9% infusion INTERVAL: Every Visit DEFER UNTIL: _____ DURATION: Until Discontinued

Starting 1 hour after treatment start time. Administer over 2 hours. DO NOT SHAKE. Administer the diluted imiglucerase with PVC infusion set equipped with low protein binding 0.2 micron filter and run over 2 hours.

Dose: _____ **Sodium Chloride 0.9% diluent:** 100 mL 250 mL **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



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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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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: _____

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider