



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

P07071



ADULT AMBULATORY INFUSION ORDER  
**Alglucosidase alfa (LUMIZYME)  
Infusion**

Page 1 of 3

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

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

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Life-threatening anaphylactic reactions and severe hypersensitivity reactions have occurred in some patients during and after alglucosidase alfa infusions. Immune-mediated reactions presenting as proteinuria, nephrotic syndrome, and necrotizing skin lesions have occurred in some patients following treatment. Inform patients of the signs and symptoms of anaphylaxis, hypersensitivity reactions, and immune-mediated reactions and have them seek immediate medical care should signs and symptoms occur.

**LABS:**

NURSING COMMUNICATION – Patients should be monitored for IgG antibody formation every 3 months for 2 years and then annually thereafter. Testing for IgG titers may also be considered if patients develop allergic or other immune mediated reactions. Patients who experience anaphylactic or allergic reactions may also be tested for IgE antibodies to alglucosidase alfa and other mediators of anaphylaxis.

- IgG antibody ONCE every 3 months for 2 years, and then ONCE every year.
- Labs already drawn. Date: \_\_\_\_\_

**NURSING ORDERS:**

1. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
2. VITAL SIGNS
  - a. Immediately prior to infusion
  - b. Every 30 minutes during infusion
  - c. Immediately prior to any infusion rate change
  - d. Upon completion of the infusion
  - e. 1-hour post infusion
3. Alglucosidase alfa (LUMIZYME) 20 mg/kg will be administered in a step-wise manner, beginning at an initial rate of 1 mg/kg/hr and increasing by 2 mg/kg/hr every 30 minutes (if there are no signs of infusion-associated reactions (IARs), until a maximum rate of 7 mg/kg/hr is reached.
4. **DO NOT PRE-PROGRAM PUMP FOR AUTOMATIC TITRATIONS!**
  - Step 1: 1 mg/kg/hr administered over 30 mins - If no signs of IARs, go to next step
  - Step 2: 3 mg/kg/hr administered over 30 mins - If no signs of IARs, go to next step
  - Step 3: 5 mg/kg/hr administered over 30 mins - If no signs of IARs, go to next step
  - Step 4: 7 mg/kg/hr administered over 30 mins - If no signs of IARs, complete infusion at this rate



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER  
**Alglucosidase alfa (LUMIZYME)  
Infusion**

Page 2 of 3

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.**

**MEDICATIONS:**

- Alglucosidase alfa (LUMIZYME) **20 mg/kg** in 0.9% sodium chloride 500 mL, intravenous, EVERY 2 WEEKS, at least 10 days apart. *(Pharmacist to round dose for vial size)*
  - Administer without delay post-prep, using in-line low protein binding 0.2 micrometer filter
  - Refer to nursing orders for infusion instructions. Start infusion no more than 1 mg/kg/hr. May increase by 2 mg/kg/hr every 30 minutes as tolerated to a maximum of 7 mg/kg/hr
  - Refrigerate and protect from light; do not infuse with other IV products.

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_



**Oregon Health & Science University  
Hospital and Clinics Provider's Orders**

ADULT AMBULATORY INFUSION ORDER  
**Alglucosidase alfa (LUMIZYME)  
Infusion**

Page 3 of 3

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.**

Central Intake:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

***Please check the appropriate box for the patient's preferred clinic location:***

**Beaverton**

OHSU Knight Cancer Institute  
15700 SW Greystone Court  
Beaverton, OR 97006

Phone number: 971-262-9000

Fax number: 503-346-8058

**NW Portland**

Legacy Good Samaritan campus  
Medical Office Building 3, Suite 150  
1130 NW 22nd Ave  
Portland, OR 97210

Phone number: 971-262-9600

Fax number: 503-346-8058

**Gresham**

Legacy Mount Hood campus  
Medical Office Building 3, Suite 140  
24988 SE Stark  
Gresham, OR 97030

Phone number: 971-262-9500

Fax number: 503-346-8058

**Tualatin**

Legacy Meridian Park campus  
Medical Office Building 2, Suite 140  
19260 SW 65th Ave  
Tualatin, OR 97062

Phone number: 971-262-9700

Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)