ADULT AMBULATORY INFUSION ORDER
ADAMTS13 (ADZYNMA)
Recombinant-krhn Infusion
Page 1 of 3

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. Allergic-type hypersensitivity including anaphylactic reactions may occur with ADAMTS13 recombinant-krhn (ADZYNMA).
3. Patients may develop neutralizing antibodies, which may result in a decreased or lack of response to ADAMTS13.
4. Pharmacy will need to be notified at least 5 days in advance of patient scheduled infusion day to order appropriate dose of ADAMTS13 recombinant-krhn (ADZYNMA).

NURSING ORDERS:
1. VITAL SIGNS – Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and at the end of infusion
2. Infuse with syringe pump at 120-240 mL/hr.
3. Do not administer ADAMTS13 (recombinant) in the same infusion line at the same time with other medications.

MEDICATIONS:
- ADAMTS13 recombinant-krhn (ADZYNMA) IV Infusion, ONCE, infuse per nursing communication (Pharmacist will round dose to nearest full vial size)

Dose: (must check one)
- □ 15 units/kg
- □ 20 units/kg
- □ 40 units/kg

Interval: (must check one)
- □ Every other week (default)
- □ Weekly
### 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-CKT-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 (Adrenaline) 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 (Pepto-Bismol) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

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**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.

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**Provider signature:** ___________________________ Date/Time: ___________________________

Printed Name: ___________________________ Phone: __________________________ Fax: ___________________________
OLC Central Intake Nurse:
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