

#### Physician Orders ADULT: LEB DTU Cerezyme Infusion Plan

# **Initiate Orders Phase**

- Care Sets/Protocols/PowerPlans ☑ **Initiate Powerplan Phase** Phase: LEB DTU Cerezyme Infusion Phase, When to Initiate: LEB Cerezyme Infusion Phase Admission/Transfer/Discharge
  - Patient Status Initial Outpatient

T;N Attending Physician: Reason for Visit:\_\_\_\_\_

Bed Type:

Specific Unit: DTU

#### Outpatient Status/Service: [] Ambulatory Surgery, [] OP Diagnostic Procedure [] OP OBSERVATION Services

#### Vital Signs

- ☑ Vital Signs
  - Routine Monitor and Record T,P,R,BP, Prior to infusion.
- ☑ Vital Signs
  - Monitor and Record Temp | Pulse, g1h during infusion

## **Food/Nutrition**

P **Regular Pediatric Diet** 

## **Patient Care**

⊡ Weight

upon arrival to unit

 $\overline{\mathbf{Z}}$ Height

Routine, upon arrival to unit

- **INT Insert/Site Care LEB**
- **PortACath Access**
- PortACath Deaccessing
  - **Discharge Instructions** 
    - T:N

#### Medications

- +1 Hours acetaminophen
  - 325 mg, Tab, PO, once, Routine (DEF)\* Comments: Give 30 minutes prior to infusion.
  - 500 mg, Tab, PO, once, Routine Comments: Give 30 minutes prior to infusion.
  - 650 mg, Tab, PO, once, Routine Comments: Give 30 minutes prior to infusion.



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	10 mg/kg, Liq, PO, once, Routine, Max Dose: 650 mg Comments: Give 30 minutes prior to Infusion	
	15 mg/kg, Liq, PO, once, Routine, Max Dose: 650 mg Comments: Give 30 minutes prior to Infusion	
	Cerezyme Infusion Pediatric (IVS)*	
	imiglucerase	
	30 units/kg, Injection, IV Piggyback, OnCall, Routine, (infuse over 2 hr), infuse per protoco Sodium Chloride 0.9% (INT) 50 mL	1
	Cerezyme Infusion Pediatric (IVS)*	
	imiglucerase	
	60 units/kg, Injection, IV Piggyback, OnCall, Routine, ( infuse over 2 hr ), infuse per protoco Sodium Chloride 0.9% (INT) 100 mL	1
	+1 Hours Heparin 100 units/mL Flush (peds)	
	5 mL, Injection, IV Push, prn, PRN Cath Clearance	
_	Comments: For implanted port after med and blood administration and after blood withdrawa	Ι.
	<b>+1 Hours</b> Sodium Chloride 0.9% Flush 50 mL, Ped Injectable, IV Push, prn, PRN Other, specify in Comment Comments: Flush after infusion is complete.	
Labora		
	Pregnancy Screen Serum Routine, T;N, once, Type: Blood	
	Pregnancy Screen Urine Routine, T;N, once, Type: Urine, Nurse Collect	
	s/Notifications/Referrals	
V	Notify Physician For Vital Signs Of Notify: MD, Celsius Temp > 38.3, change in vital signs, any change in behavior	
Date	Time Physician's Signature MD Number	
	Legend: his order sentence is the default for the selected order	
	This component is a goal	
IND - 1	his component is an indicator	

- INT This component is an intervention
- IVS This component is an IV Set

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NOTE - This component is a note Rx - This component is a prescription SUB - This component is a sub phase, see separate sheet R-Required order

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