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, q1h during infusion

Food/Nutrition
☐ Regular Pediatric Diet

Patient Care
☐ Weight
upon arrival to unit
☐ 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.
Physician Orders ADULT: LEB DTU Cerezyme Infusion Plan

☐ 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 protocol
   Sodium Chloride 0.9% (INT)
   50 mL

☐ Cerezyme Infusion Pediatric (IVS)*
   imiglucerase
   60 units/kg, Injection, IV Piggyback, OnCall, Routine, (infuse over 2 hr), infuse per protocol
   Sodium Chloride 0.9% (INT)
   100 mL

☐ +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 withdrawal.

☐ +1 Hours Sodium Chloride 0.9% Flush
   50 mL, Ped Injectable, IV Push, prn, PRN Other, specify in Comment
   Comments: Flush after infusion is complete.

Laboratory
☐ Pregnancy Screen Serum
   Routine, T;N, once, Type: Blood

☐ Pregnancy Screen Urine
   Routine, T;N, once, Type: Urine, Nurse Collect

Consults/Notifications/Referrals
☒ 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______________

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
Physician Orders ADULT: LEB DTU Cerezyme Infusion Plan

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