



INFUSION SUITE		LUMIZYME INFUSION ORDERS		
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742	
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>				
Name:	<input style="width: 200px;" type="text"/>	DOB:	<input style="width: 100px;" type="text"/>	
<b>MEDICAL INFORMATION</b>				
ICD10:	<input style="width: 200px;" type="text"/>	Patient Height:	<input style="width: 100px;" type="text"/>	
Patient Weight (kg):	<input style="width: 200px;" type="text"/>	Allergies:	<input style="width: 100px;" type="text"/>	
*Weigh patient prior to each infusion				
<b>REQUIRED TESTING</b>				
<input type="checkbox"/> IgG antibodies:	(every 3 months for 2 years)	<input type="checkbox"/> UA:	<input style="width: 100px;" type="text"/>	
Additional labs:	<input style="width: 200px;" type="text"/>			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC			
<b>PREMEDICATIONS 30 minutes prior to starting</b>				
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1	
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IVP X1	<input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1	
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1			
<input type="checkbox"/> Additional PRN:	<input type="checkbox"/> Loratadine 10mg PO X1			
<b>LUMIZYME ORDERS</b>				
<input type="checkbox"/> Lumizyme	20mg/kg IV in NS titrated over 4 hours every 2 weeks X <input style="width: 50px;" type="text"/>			
			Total: <input style="width: 50px;" type="text"/> mg	
<b>POST INFUSION</b>				
<input type="checkbox"/> Flush IV line with NS. D/C IV.				
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.				
<input type="checkbox"/> Discharge home				
Referring Provider Printed:	<input style="width: 200px;" type="text"/>			
Referring Provider Signature:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 100px;" type="text"/>	
Referring Provider Phone:	<input style="width: 150px;" type="text"/>	Referring Provider Fax:	<input style="width: 100px;" type="text"/>	
406 Provider Printed:	<input style="width: 200px;" type="text"/>			
406 Provider Signature:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 100px;" type="text"/>	

**\*Credentials must be included**

**Dose Calculation:**

- Patient weight (kg) X 20mg/kg = dose
- Dose (in mg) divided by 50mg/vial = number of vials
- Round up to the nearest whole number for vial amount

**Infusion Directions:**

**\*DO NOT SHAKE**

- Remove vial and allow to warm to room temperature
- Reconstitute each vial by slowly injecting 10.3mL of Sterile Water for Injection
- Withdraw intended dose of Lumizyme from vials
- Choose the recommended volume bag of NS based on dose (see table below);
- Remove air space from the infusion bag and inject Lumizyme into the NS
- Infuse per titration rates (below) using an infusion set with a 0.2 micron in-line filter
- Discard and document any waste

- The initial infusion rate should be no more than 1mg/kg/hour
- The infusion rate may be increased by 2mg/kg/hr every 30 minutes until max rate of 7mg/kg/hr

**Table 1: Recommended Infusion Volumes and Rates**

Patient Weight Range (kg)	Total infusion volume (mL)	Step 1 1 mg/kg/hr (mL/hr)	Step 2 3 mg/kg/hr (mL/hr)	Step 3 5 mg/kg/hr (mL/hr)	Step 4 7 mg/kg/hr (mL/hr)
1.25–10	50	3	8	13	18
10.1–20	100	5	15	25	35
20.1–30	150	8	23	38	53
30.1–35	200	10	30	50	70
35.1–50	250	13	38	63	88
50.1–60	300	15	45	75	105
60.1–100	500	25	75	125	175
100.1–120	600	30	90	150	210
120.1–140	700	35	105	175	245
140.1–160	800	40	120	200	280
160.1–180	900	45	135	225	315
180.1–200	1,000	50	150	250	350