

Velaglucerase Alfa (VPRIV) Infusion Therapy Plan Orders

Page 1 of 2

Name: _____

Kaiser Permanente Member I.D. # _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Order Date: _____ Weight: _____ kg	Diagnosis: ICD-10 code (REQUIRED): _____ ICD-10 description: _____
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General Plan Communication

- Special instructions/notes: _____

Infusion Therapy

- Velaglucerase alfa (VPRIV) IV infusion in 100 mL 0.9% Normal Saline**

Dose: _____ **Units = 60 units/kg x weight (kg)**

Route: Intravenous

Frequency: every 2 weeks _____

Infusion Duration = 60 minutes

If infusion-related reaction:

- 1) STOP infusion immediately;
- 2) Increase primary infusion to wide open rate;
- 3) Administer PRN medications per hypersensitivity protocol;
- 4) Notify MD

Note any changes to above regimen: _____

Pre-Meds

- No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.
- Other: _____
Dose: _____ **Route:** Oral **Frequency:** Once, 30 minutes prior to infusion

IV Line Care

- 0.9% sodium chloride infusion 250 mL
Rate: 30 mL/hr **Route:** Intravenous **Frequency:** Run continuously to keep vein open
 Start peripheral IV if no central line
- heparin flush 100 unit/mL
Dose: 500 units **Route:** Intracatheter **Frequency:** PRN for IV line care per Nursing Policy

Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%
Dose: 2.5 mg **Route:** Nebulization **Frequency:** PRN for shortness of breath/wheezing
- diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg **Route:** Intravenous **Frequency:** Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg **Route:** Intramuscular **Frequency:** Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
Dose: 100 mg **Route:** Intravenous **Frequency:** Once PRN for hypersensitivity

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Nursing Orders

- Following infusion, flush line with Normal Saline until all drug is infused.
- Discontinue IV line when therapy complete and patient stabilized.

References

- [VPRIV Prescribing Information.](#)

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Olympia Medical Center

700 Lilly Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7421 Phone: 360-307-7316

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____