

## Prolastin-C (alpha1proteinase inhibitor, human) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
Diagnosis (please provide ICD10 code) \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_  
 New Start Therapy       Continuation of Therapy      Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PREMEDICATIONS

- Acetaminophen 1000mg PO     Solu-Medrol 125mg IVP  
 Diphenhydramine 25mg PO     Solu-Cortef 100mg IVP  
 Cetirizine 10mg PO           Diphenhydramine 25mg IVP

### REQUIRED LABS

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)  
 Most recent PFTs including FEV1, AAT Phenotype or Genotype Lab Report, AAT level, and most recent chest X Ray (please attach all)

### PROLASTIN ORDERS

#### DOSING:

- Dosage: 60 mg/kg (+/- 10%) IV weekly  
Rate: As tolerated by patient up to 0.08 mL/kg/min (in no less than 15 minutes) IV infusion using 15 micron in-line filter  
Other: \_\_\_\_\_

#### FREQUENCY:

- Intravenous infusion every 1 week  
Other: \_\_\_\_\_

#### REFILLS:

- \_\_\_\_\_  
*(if not indicated prescription will expire one year from date signed)*

#### Infuse One Standing Orders:

- Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date