

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

Patient Name:			DOB:			] Male 🛛 Female
Diagnosis (	please provide ICD	10 code)				
	Allergies:					
□ New Sta	New Start Therapy   Continuation of Therapy		Date of last dose (if applicable):			
Ordering	Provider:					
Provider NPI:			Phone:		Fax:	
Practice Ad	dress:		City:		State:	Zip Code:
PREMEDI	CATIONS				REQUIRED LABS	
□ Acetaminophen 1000mg PO □ Solu-Medrol 125mg IVP □ Diphenhydramine 25mg PO □ Solu-Cortef 100mg IVP				Ø	Clinical/Progress primary diagnosis	Notes, Labs, Tests supporting s (please attach)
Cetirizine	10mg PO	Diphenhydramine 25mg I	VP	Ø	Most recent PFTs including FEV1, AAT Phenotype or Genotype Lab Report, AAT level	
PROLAS	TIN ORDERS				and most recent	chest × Ray (please attach all)
DOSING:						
🗖 Dosage: 6	0 mg/kg (+/- 10%)	IV weekly				
Rate: As to Other:	olerated by patient	up to 0.08 mL/kg/min (in no	less than 15 n	ninute	es) IV infusion using	g 15 micron in-line filter
FREQUENCY:				REFILLS:		
Intravenous infusion every 1 week				□		
Other:				(if not indicated prescription will expire one year from date signed)		
Infuse O	ne Standing Orders:					
Provide to and Actio	reatment under Infus on Plan for Infusion R	e One's Clinical Guidelines, Medi eactions.	cation Safety P	rotoco	ol, Emergency Guideli	ines,
Provider	Name		_			
Provider	Signature				Date	

Severe hypersensitivity and anaphylactic reactions may occur in IgA deficient patients with antibodies against IgA. Discontinue administration of the product and initiate appropriate emergency treatment if hypersensitivity reactions occur. Because Prolastin-C is made from human plasma, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant CreutzfeldtJakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.