Email: intake@infuseone.com | Phone: 1-800-581-0645 |
Please refer to website www.infuseone.com for location specific fax numbers

INFUSE ONE

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

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.