



# 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

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.