

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4589; Fax: 207-768-4183

☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

**OUTPATIENT IMIGLUCERASE (CEREZYME)
ORDERS**

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Diagnosis: Type 1 Gaucher Disease

ICD10: _____

IV Access:

- ☐ Saline Lock:
- ☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
 - ☒ Discontinue Saline Lock after therapy completed
- ☐ PICC Line:
- ☒ Routine PICC Line Care, labs and restoration
 - ☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- ☐ Porta cath / Central Access Device (Hickman, Triple lumen):
- ☒ Porta cath access, labs, restoration and de-access

Height: _____ cm **Weight:** _____ kg

Labwork: (Prior to infusion)

- ☒ CBC without differential, Repeat: ☐ Every 3 months ☐ Every 6 months ☐ Yearly
- ☒ Chito (Referral #372), ACE (Referral #374), TRAP (Referral #373),
Repeat: ☐ Every 3 months (Recommended for first 1 – 2 years, then yearly) ☐ Every 6 months ☐ Yearly
- ☐ Other: _____

Medication: (Long-term Enzyme Replacement Therapy)

- ☐ Wait for lab results before infusing Imiglucerase
- ☒ Imiglucerase (Cerezyme) 60 units/kg = _____ units/0.9% Sodium Chloride, (Total volume = 250 mL), IVPB, Pharmacy may round up to nearest vial to fully utilize the product
- Repeat: ☐ Every 2 weeks ☐ Other: _____
- Duration: ☐ 6 months ☐ 1 year
- ☒ **1st 3 months of therapy:** Infuse Imiglucerase (Cerezyme) at 66 mL/hour for 15 minutes, then stop infusion and observe patient for 10 minutes. If no adverse reaction, infuse remainder of Imiglucerase (Cerezyme) at following rate:
- Adult patients:** Infuse at 125 mL/hour (May start patient at this rate **after 1st 3 months of therapy**, if tolerated)
- Pediatric patients:** Infuse at 110 mL/hour (May start patient at this rate **after 1st 3 months of therapy**, if tolerated)
- ☒ Flush IV line with 20 mL 0.9% Sodium Chloride when infusion completed

Adverse Reaction:

- ☒ Call 1-800-745-4447, option 2 and medical team will direct what to do
- ☒ Draw blood for Imiglucerase (Cerezyme) antibody to be shipped to Genzyme (**Blood draw kit in department**)

Other: _____



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Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
June 2024 (Header updated and removed reference to Policies)