Physician's Orders
ELOSULFASE ALFA (VIMIZIM) - PEDIATRIC, OUTPATIENT, INFUSION CENTER
Page 1 of 3

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

 Defaults for orders not otherwise specified below:
☐ Interval: Every 7 days
Duration:
☐ Until date: __________
☐ 1 year
☐ ______# of Treatments

Anticipated Infusion Date ___________  ICD 10 Code with Description ____________________________

Height_________(cm) Weight_________(kg) Allergies __________________________________________

Provider Specialty
☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care
Site of Service
☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Appointment Requests

☐ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Provider Reminder

☐ ONC PROVIDER REMINDER 10
Interval Once Duration 1 treatment
Pretreatment with antihistamines with or without antipyretics is recommended. For symptoms of allergic reaction or anaphylaxis, order “Peds Hypersensitivity Reactions Therapy Plan”.

Lab Orders

☐ Labs: ____________________________ Interval Every ___days Duration Until date:
☐ Every ___days Once
☐ 1 year
☐ ______# of Treatments

☐ Labs: ____________________________ Interval Every ___days Duration Until date:
☐ Every ___days Once
☐ 1 year
☐ ______# of Treatments

Pre-Medications

☐ Acetaminophen Premed-select Susp.tab Or Chewable.
  ☐ acetaminophen (TYLENOL) 32 MG/ML suspension 10 mg/kg (Treatment Plan)
  10 mg/kg, Oral, Once, For 1 Doses
  Give 30 to 60 minutes prior to infusion.
  Recommended maximum single dose is 1000 mg
  No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
### ELOSOULFASE ALFA (VIMIZIM) - PEDIATRIC, OUTPATIENT, INFUSION CENTER (CONTINUED)

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<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Duration</th>
<th>Administration Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (TYLENOL) tablet 10 mg/kg</td>
<td>10 mg/kg, Oral, Once, Starting S, For 1 doses</td>
<td>Oral</td>
<td>Once</td>
<td>24 hour period</td>
<td>Maximum single dose is 1000 mg, not to exceed 4000 mg/day</td>
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<tr>
<td>Acetaminophen (TYLENOL) dispersible / chewable tablet 10 mg/kg</td>
<td>10 mg/kg, Oral, Once, Starting S, For 1 doses</td>
<td>Oral</td>
<td>Once</td>
<td>24 hour period</td>
<td>Maximum single dose is 1000 mg, not to exceed 4000 mg/day</td>
</tr>
<tr>
<td>Diphenhydramine Premed-select Cap, liquid or injection</td>
<td>0.5 mg/kg, Oral, Once, Starting S, For 1 doses</td>
<td>Oral</td>
<td>Once</td>
<td>24 hour period</td>
<td>Maximum single dose is 50 mg</td>
</tr>
<tr>
<td>Diphenhydramine (BENADRYL) capsule 0.5 mg/kg</td>
<td>0.5 mg/kg, Oral, Once, Starting S, For 1 doses</td>
<td>Oral</td>
<td>Once</td>
<td>24 hour period</td>
<td>Maximum single dose is 50 mg</td>
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<tr>
<td>Diphenhydramine (BENADRYL) 12.5 MG/5ML elixir 0.5 mg/kg</td>
<td>0.5 mg/kg, Oral, Once, Starting S, For 1 doses</td>
<td>Oral</td>
<td>Once</td>
<td>24 hour period</td>
<td>Maximum single dose is 50 mg</td>
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<tr>
<td>Diphenhydramine (BENADRYL) injection 0.5 mg/kg</td>
<td>0.5 mg/kg, Intravenous, Once, Starting S, For 1 doses</td>
<td>Intravenous</td>
<td>Once</td>
<td>15 minutes</td>
<td>Maximum single dose is 50 mg</td>
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<tr>
<td>Methylprednisolone sodium succinate (SOLU-Medrol) injection 0.5 mg/kg</td>
<td>0.5 mg/kg, Intravenous, for 15 Minutes, Once, For 1 doses</td>
<td>Intravenous</td>
<td>Once</td>
<td>15 minutes</td>
<td>Maximum single dose is 80 mg</td>
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</tbody>
</table>

### Additional Pre-Medications

- Pre-medication with dose:

- Pre-medication with dose:

### Medications

#### Select Elosulfase Alfa Infusion Based On Patient's Weight

- Elosulfase alfa (VIMIZIM) 2 mg/kg in sodium chloride 0.9 %

**FOR PATIENTS WEIGHING LESS THAN 25 kg:** Start infusion at 3 mL/hr. If tolerated without reaction, escalate infusion rate in 15 minutes to 6 mL/hr. If tolerated without reaction may escalate infusion rate every 15 minutes by 6 mL/hr to a maximum rate of 36 mL/hour. The total dose should be delivered over a minimum of 3.5 hours. Protect from light. Do NOT shake.
Medications (continued)

☐ elosulfase alfa (VIMIZIM) 2 mg/kg in sodium chloride 0.9 %
250 mL IVPB
2 mg/kg, Intravenous, Titrate, Starting S, For 1 Doses

FOR PATIENTS WEIGHING 25 kg OR MORE: Start infusion at 6 mL/hr. If tolerated without reaction, may escalate infusion rate in 15 minutes to 12 mL/hr. If tolerated without reaction may escalate infusion rate by 12 mL/hour every 15 minutes to a maximum rate of 72 mL/hour. The total dose should be delivered over a minimum of 4.5 hours. Protect from light. Do NOT shake.

Nursing Orders

☑ ONC NURSING COMMUNICATION 101
- Place intermittent infusion device as necessary.
- Infuse through a 0.2 micron, low protein binding inline filter.
- Slight flocculation (thin translucent particles) may occasionally occur. Diluted solution with slight flocculation is acceptable for administration.
- Monitor vital signs with Pulse oximetry, Obtain heart rate, respiratory rate, blood pressure and pulse oximetry and assess for symptoms of anaphylaxis every 15 minutes through 30 minutes after drug completion.
- Notify attending physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm. Notify if greater than 20% decrease in systolic or diastolic blood pressure.
- At the end of infusion, flush secondary line with 0.9% Sodium Chloride.
- Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.

☑ ONC NURSING COMMUNICATION 2
- Observe patient in the infusion center for 30 minutes following completion of infusion.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
</tr>
<tr>
<td>Sign</td>
<td>R.N. Sign</td>
<td>Physician Print</td>
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