Physician's Orders
TALIGLUCERASE ALFA (ELELYSO) - PEDIATRIC, OUTPATIENT, INFUSION CENTER
Page 1 to 3

Defaults for orders not otherwise specified below:
☐ Interval: Every 14 days
☐ Interval: Every ___ 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,
Labs and infusion

Provider Reminder
☑ ONC PROVIDER REMINDER
Premedication is not required, but can be considered for the prevention of subsequent infusion reactions. For symptoms of allergic
reaction or anaphylaxis, order "Peds Hypersensitivity Reactions Therapy Plan".

Lab Orders
☐ Labs: ___________________________________________________________________________ ⬜ Every ___ days ⬜ Until date: __________
☐ Once ☐ 1 year ☐ ______# of Treatments

☐ Labs: ___________________________________________________________________________ ⬜ Every ___ days ⬜ Until date: __________
☐ Once ☐ 1 year ☐ ______# of Treatments

Pre-Medications
☑ Acetaminophen Premed - select suspension, tablet OR chewable

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

☐ acetaminophen (TYLENOL) tablet 10 mg/kg
10 mg/kg, Oral, Once, Starting S, For 1 Dose
Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose is 1000mg
No more than 5 doses from all sources in 24 hour period, not to exceed 4000mg/day

☐ acetaminophen (TYLENOL) dispersable / chewable tablet 10 mg/kg
10 mg/kg, Oral, Once, Starting S, For 1 Doses
Give 30 to 60 minutes prior to infusion.
Recommended maximum single dose is 1000mg
No more than 5 doses from all sources in 24 hour period, not to exceed 4000mg/day

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
### Pre-Medications (continued)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Administration</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diphenhydramine Premed</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>diphenhydramine capsule 0.5 mg/kg</td>
<td>Oral, Once, Starting S, For 1 Doses</td>
<td>Give 30 to 60 minutes prior to infusion. Recommended maximum single dose is 50mg</td>
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</tr>
<tr>
<td>diphenhydramine 12.5 MG/5ML elixir 0.5 mg/kg</td>
<td>Oral, Once, Starting S, For 1 Doses</td>
<td>Give 30 to 60 minutes prior to infusion. Recommended maximum single dose is 50mg</td>
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<td></td>
</tr>
<tr>
<td>diphenhydramine injection 0.5 mg/kg</td>
<td>Intravenous, Once, Starting S, For 1 Doses</td>
<td>Give 30 to 60 minutes prior to infusion. Recommended maximum single dose is 50mg</td>
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<td></td>
</tr>
<tr>
<td>methylprednisolone sodium succinate 0.5 mg/kg</td>
<td>Intravenous, for 15 Minutes, Once, For 1 Doses</td>
<td>Administer 30 to 60 minutes prior to infusion. Recommended maximum single dose is 80mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Pre-Medications

- Pre-medication with dose: 
- Pre-medication with dose: 

### Medications

- **Talgilucerase alfa (ELELYSO) in sodium chloride 0.9 % IVPB**
  - Dose:
    - 60 Units/kg
    - 30 Units/kg
  - Intravenous, for 2 Hours, Titrate, Starting S, For 1 Doses
  - Final Concentration is 10 units/mL
  - **For Taliglucerase doses 30 units/kg:** Start IV infusion at mL/hour (3 mL/kg/hour, [30 units/kg/hour]). Do NOT escalate.
  - **For Taliglucerase doses 60 units/kg:** Start IV infusion at mL/hr (3mL /kg/hour, [ 30 units/kg/hour]). If patient tolerates without reaction, may escalate infusion rate in 15 minutes to mL/hr (4mL/kg/hour, [ 40 units/kg/hour]). If patient tolerates without reaction, may escalate infusion rate in 15 minutes to a maximum rate of mL/hr (6 mL/kg/hour [ 60 units/kg/hour]).
  - Infuse through a 0.2 micron, low protein binding inline filter. Protect from Light. Do not administer if the solution is discolored or if foreign particulate matter is present. Do not shake.
Nursing Orders

**ONC NURSING COMMUNICATION 1**

- Place intermittent infusion device as necessary.
- Infuse through a 0.2 micron, low protein binding inline filter.
- Do not administer if the solution is discolored or if foreign particulate matter is present.
- 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.