

Alpha1 Proteinase Inhibitor, Human (Glassia)

Provider Order Form rev. 3/1/2023

IVCARE INFUSION
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PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Provide nursing care per IVCARE INFUSION Nursing Procedures, including reaction management and post-procedure observation

LABORATORY ORDERS

- CBC at each dose every _____
 CMP at each dose every _____
 Other: _____

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO
 loratadine (Claritin) 10mg PO
 diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 hydrocortisone (Solu-Cortef) 100mg IV
 Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

Alpha1 proteinase inhibitor, human:

- Glassia**
- Dose: 60 mg/kg Other: _____
 - Frequency: IV weekly Other: _____
 - Rate Administer a rate not to exceed 0.2 mL/kg/min with 5 micron infusion filter Other: _____
- Flush with 0.9% sodium chloride at the completion of infusion
 Patient is required to stay for 30-minute observation
 Refills: Zero / for 12 months / _____ (if not indicated order will expire one year from date signed)

Provider Name (Print)

Provider Signature

Date