



Oregon Medical Group Infusion Center

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Pegloticase (Krystexxa) Orders

Name: _____ DOB: _____

Diagnosis/Indication: _____ ICD-10 Code: _____

1. Vital signs: Initial, Q 15-30 minutes, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Mix Krystexxa 8mg in 250mL of 0.9% Sodium Chloride to run over no less than 2 hours at a constant rate.

Administer:

- Every 2 weeks for _____ doses
- Every 2 weeks until discontinued

4. Pre-medications to be given 30 minutes prior to infusion

OMG Protocol for Infusions Requiring Pre-Medication

OR

Administer the following routine pre-medications prior to each infusion

- Acetaminophen (Tylenol) 650 mg PO
- Antihistamine (Select one)
 - Diphenhydramine (Benadryl) 25 mg PO
 - Diphenhydramine (Benadryl) 25 mg IV infusion over < 10 mins
 - Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol) 40 mg IV infusion over < 10 min, not to exceed 50 mg/min
- Methylprednisolone (Solu-Medrol) 100mg IV infusion over < 10 min, not to exceed 50mg/min
- Ondansetron 4 mg IV **OR** Ondansetron 8 mg IV

Other: _____

5. For infusion reaction (**Must select one to be considered a complete order**)

Acute Infusion Reaction Protocol

Other _____

6. Hold patient one hour post-infusion to observe for signs and symptoms of reaction.

Prior to treatment initiation, Glucose-6-phosphate dehydrogenase (G6PD) serum test results must be included with these orders.

Nursing Orders:

Hold treatment and notify provider: if G6PD results are not available prior to initiation, if uric acid level is not obtained within 48 hours prior to each treatment or if uric acid is greater than 6 mg/dL, or if a patient misses 2 consecutive treatments (4 weeks).

Provider Signature: _____ Date: _____
(NO PROVIDER STAMPS) (Orders expire after 365 days)

Provider's Printed Name: _____ Time: _____