Novella Infusion

Patient Name:
DOB:
Date of Last Infusion
Insurance:

Clinic Location:
Merrimack, NH ☐
Concord, NH ☐

Krystexxa® (pegloticase) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):	
_____ Gouty arthropathy (ICD-10)	_____ _____ (ICD-10) (description)
☐ Negative screening for G6PD deficiency	☐ Baseline uric acid level & date _____

Nursing Orders:

- Hold infusion pending provider notification if:
  - Uric acid level greater than 6 mg/dL for 2 consecutive treatments (lab orders below).
  - Patient has had more than 4 weeks between treatments (due to increased risk for adverse reaction).
  - Patient reports continued use of urate-lowering agents (ex. allopurinol, febuxostat, probenecid, etc.)
- Remind patient flares may occur during first 6 months of therapy and encourage compliance with gout-flare prophylactic treatment as prescribed.
- Monitor vital signs every 30 minutes during infusion.
- If infusion-related reaction occurs, stop infusion, and initiate Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Labs:

☑ Obtain serum uric acid level prior to each infusion (or may use result obtained within 48 hrs prior to infusion).

☐ Other: _____ **Frequency:** _____

Pre-medications (to be administered once 30 minutes prior to infusion):

☐ Tylenol 500 mg orally ☐ Solu-medrol 125 mg IVP

☐ Loratadine 10 mg orally ☐ Other: _____

Administer **Krystexxa 8 mg in 250 ml 0.9% sodium chloride** intravenously over 120 minutes.

Observation Period:

- Monitor patient for hypersensitivity reaction for a period of **60 minutes** following each infusion.
- Record vital signs prior to discharge.

Frequency:

☐ Every 2 weeks ☐ Other: _____

Additional Orders:

Provider name (print): _____ Date:_____

Provider signature: _____ Time: _____

Reviewed 2/20/19. Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.