



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED</p> <p style="text-align: center;">3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
PHYSICIAN'S ORDER FORM		

DATE & TIME	#	ORDERS
		ADULT INTRAVENOUS ALPHA-1 PROTEINASE INHIBITOR (ZEMAIRA®)
		Reference: Stoller JK, Brantly M. et al. Formation and current results of a patient-organized registry for a1-antitrypsin deficiency. Chest 118(3):843-848, 2000.
		Allergies: _____ Patient weight _____ kg
	1.	Order Initiation Date: _____ <i>(Expires 6 months from initiation date)</i>
	2.	Attending Physician: _____ Pager # _____ Resident Physician: _____ Pager # _____
	3.	Diagnosis: _____ ICD 9Code: _____
	4.	Indications: _____
	5.	<p>Nursing:</p> <ul style="list-style-type: none"> • Obtain patient weight on initial infusion. • Obtain pt's vital signs (temperature, heart rate, blood pressure and respiratory rate) prior to the start of and at completion of the infusion. • Insert 22 gauge or 24 gauge IV and saline lock. • Alpha-1 Proteinase Inhibitor (Human) Zemaira® is made from human blood and is discarded per Department of Nursing Standards of Practice: Blood/Blood Component Administering/Transfusion Reaction. • Observed patient closely for circulatory overload. • Alpha-1 Proteinase Inhibitor (Human) Zemaira® is contraindicated in patients with known hypersensitivity to any of its components, and a history of anaphylaxis or severe systemic response to A-1 PI products.
	6.	Labs to be drawn prior to infusion:
	7.	<p>Pre-medication orders:</p> <p><input type="checkbox"/> Dexamethasone (Decadron) _____ mg IV 30 minutes prior to infusion.</p> <p><input type="checkbox"/> Acetaminophen (Tylenol) 500 mg po 30 minutes prior to infusion.</p> <p><input type="checkbox"/> Loratadine (Claritin) 10 mg po 30 minutes prior to infusion.</p> <p><input type="checkbox"/> Ibuprofen _____ mg po 30 minutes prior to infusion.</p> <p><input type="checkbox"/> Diphenhydramine (Benadryl) 25 mg IV 30 minutes prior to infusion.</p>
	8.	<p>Medications:</p> <ul style="list-style-type: none"> • Intravenous Alpha-1 Proteinase Inhibitor (Human) Zemaira® _____ mg (60 mg/kg/dose) IV q _____ X 6 months. (Pharmacy to round to nearest vial size) <p>Initiate Infusion at 0.08 mL/kg/min.</p>
	9.	<p>Notify the physician immediately if any new onset of the following: weakness, injection site pain, dizziness, headache, paresthesia, pruritus, diarrhea, back pain, migraine or nausea.</p> <p>STOP the infusion immediately; administer reaction management medications, call rapid response/code team as appropriate, and page the physician for any new onset of the following life threatening hypersensitivity reaction including: hives, tightness in the chest, wheezing, faintness, hypotension or anaphylaxis.</p>

