

Alpha1 Proteinase Inhibitor, Human (Aralast NP)

Provider Order Form rev. 2/28/2023



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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

- [x] Provide nursing care per 360 Infusion Center 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:

THERAPY ADMINISTRATION

Alpha1 proteinase inhibitor, human:

- [] Aralast NP
- Dose: [] 60 mg/kg [] Other:
- Frequency: [] IV weekly [] other:
- Rate: [] Administer at a rate not to exceed 0.2mL/kg/min [] Other:

- [x] 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)

SPECIAL INSTRUCTIONS

Provider name

Provider Signature

Date