

(Alpha-1 proteinase inhibitor)



INFUSE ONE

# Glassia infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone Number \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_

## DIAGNOSIS *Please provide ICD-10 code*

E88.01 Alpha-1-antitrypsin deficiency

## PRE-MEDICATIONS

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

\_\_\_\_\_ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

\_\_\_\_\_ (other)

## Glassia (Alpha-1 proteinase inhibitor) ORDERS

### DOSAGE & FREQUENCY

60 mg/kg IV once weekly

**Patient Weight**

\_\_\_\_\_ lbs

\_\_\_\_\_ kg

### NOTES:

## ORDERING PROVIDER

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_