LOUIS H. MEDVED, MD
INFUSION THERAPY

Patient Name:

DOB:

# 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 subsequent 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: _____

Provider (please print): _____

Provider signature: _____ Date: _____

Revised 10/24/19. 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.