



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the **x** to remove the pre-checked option.

## PEGLOTICASE (KRYSTEXXA) THERAPY PLAN [11500826] Columbia Network Infusion Centers

Select Location:  Southwest/Vancouver  St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

### Labs

### Interval

- Uric Acid Every 14 Days

### Pre-Medications

### Interval

- loratadine (CLARITIN) tablet 10 mg Every 14 Days Route: Oral
- acetaminophen (TYLENOL) tablet 650 mg Every 14 Days Route: Oral
- methylPREDNISolone sodium succinate (Solu-MEDROL) injection 40 mg Every 14 Days Route: IV
- Treatment Lab Instructions Every 14 Days  
*Release the following labs: Uric Acid, Serum. Provider approves to Release and Draw labs 2 days Pre & Post this planned treatment date.*

### Supportive Care

### Interval

- PEGLOTICASE (KRYSTEXXA) IN 250 ML IVPB Route: IV  
Dose 8 mg Frequency Every 14 Days

### Nursing Orders

### Interval

- Nursing Communication PRN  
*Consider discontinuing therapy if uric acid concentration rises above 6 mg/dL, particularly if 2 consecutive measurements exceed 6 mg/dL.*
- Nursing Communication Every Visit  
*Monitor patient for hypersensitivity during infusion and 1 hour post infusion.*

### Vascular Access (single select)

### Interval

- IV Every Visit  
- Insert peripheral IV

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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**PEGLOTICASE (KRYSTEXXA) THERAPY PLAN**

- sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care
- Central line (non-PICC) Every Visit
  - Access vascular device and confirm patency
  - Initiate Central line (non-PICC) maintenance protocol
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care prior to medication administration PRN
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care post medication administration PRN
  - sodium chloride (NS) flush 20 mL  
20 mL As Needed for Line Care post lab draw PRN
  - sodium chloride (NS) flush 10 mL  
10 mL for Line Care at discharge and de-access every visit
  - heparin 100 units/mL 5 mL  
5 mL for de-access PRN
  - alteplase (CATHFLO) injection 2 mg  
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- PICC line Every Visit
  - Access vascular device and confirm patency
  - Initiate PICC maintenance protocol
  - Nursing Communication  
Change PICC line dressing weekly and PRN
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care prior to medication administration PRN
  - sodium chloride (NS) flush 10 mL  
10 mL As Needed for Line Care post medication administration PRN
  - sodium chloride (NS) flush 20 mL  
20 mL As Needed for Line Care post lab draw PRN
  - alteplase (CATHFLO) injection 2 mg  
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications		Interval	
○	sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	PRN	Route: IV
○	sodium chloride 0.9 % bolus 500 mL 500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)	PRN	Route: IV

Emergency Medications		Interval	
X	diphenhydrAMINE (BENADRYL) injection 25-50 mg 25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.	PRN	Route: IV

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Provider Signature Date Time

Provider's Printed Name:

- X albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation  
*2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.*
- X methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV  
*125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.*
- X EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular  
*0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.*

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Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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**PEGLOTICASE (KRYSTEXXA) THERAPY PLAN**