



INFUSION SUITE		ZEMAIRA INFUSION ORDERS	
Durango infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
<b>PATIENT INFORMATION - Include Patient Demographics and Insurance Cards</b>			
Name:		DOB:	
<b>MEDICAL INFORMATION</b>			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
<b>REQUIRED TESTING</b>			
<input type="checkbox"/> IgA antibodies: _____			
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
<b>PREMEDICATIONS 30 minutes prior to starting</b>			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
<b>ZEMAIRA ORDERS</b>			
<input type="checkbox"/> Zemaira	60mg/kg IV every week X _____		Total: _____ mg
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home after 1 hour observation time			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
Durango Provider Printed:			
Durango Provider Signature:		Date:	

*\*Credentials must be included*

**Infusion Directions:**

- Reconstitute with Sterile Water for Injection (in package) using the Mix2Vial filter transfer set (in package).
- Reconstitution time for 1g vial is 5 minutes, 4g or 5g vial is 10 minutes
- If dosing is from a single vial, withdraw into a sterile silicone-free syringe and attach to IV administration tubing set.
- If dosing is from multiple vials, transfer the reconstituted solution from the vials into an empty sterile IV bag.
- DO NOT mix with other products.
- Discard and document any waste.
- Infuse through a 5 micron in-line filter tubing at 0.08mL/kg/minute (approx. 15 minutes)

**Nuring Considerations:**

- Watch video here for directions with the Mix2Vial

<https://www.zemaira.com/hcp/resources/overview>