



INFUSION SUITE		ADAKVEO INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<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"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Methylprednisolone:	<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:			
ADAKVEO ORDERS			
<input type="checkbox"/> Adakveo	5mg/kg over 30 minutes	week 0, week 2	
<input type="checkbox"/> Adakveo	5mg/kg over 30 minutes	every 4 weeks X _____	
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:		NPI:	
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

**Credentials must be included*

Infusion Directions:

- Bring vials to room temperature (no longer than 4 hours)

Dose calculation:

$$\text{Volume (mL)} = \frac{\text{patient body weight (kg)} \times 5\text{mg/kg}}{10\text{mg/mL Adakveo}}$$

Example: 75kg x 5mg/kg = 375mg ÷ 10mg/mL = 37.5 mL (2.5 mL waste) (requires 4 vials)

- Use a 100mL NS bag; remove the volume of NS from the bag to equal the required dose of Adakveo
- Add Adakveo to the NS bag; gently invert to mix. Discard and document drug waste
- Infuse through a low protein binding 0.2 micron in-line filter tubing over 30 minutes