FUSIONDRIP
HYDRATION & WELLNESS

Prolastin-C IV Infusion Order Form

Phone: 614-407-1621 Fax: 614-413-3877
orders@fusiondriphydration.com

Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

Diagnosis (ICD-10 Selection)

☐ E88.01 – Alpha-1-antitrypsin deficiency
☐ J43.1 – Panlobular emphysema
☐ J44.9 – Chronic obstructive pulmonary disease, unspecified
☐ Other: _____ **ICD-10 Code:** _____

Infusion Order

☐ 60 mg/kg IV once weekly
☐ Infuse over ≥15 minutes using 15-micron in-line filter
☐ Reconstitute with 40 mL sterile water and pool into empty IV bag
☐ Observation: ☐ 30 minutes post-infusion
☐ Refills: ☐ None ☐ 12 months ☐ Other: _____

Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

Adverse Reaction & Anaphylaxis Orders

☐ Fusiondrip Hydration & Wellness Center Protocol (fusiondriphydration.com)

☐ Other – please fax preferred reaction orders to 614-413-3877

☐ **Premedication (Optional)**
☐ Acetaminophen: ☐ 650 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Loratadine: ☐ 10 mg ☐ PO
☐ Famotidine: ☐ 20 mg ☐ IV
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Other: _____ **Dose:** _____ **Route:** _____

Laboratory Monitoring

☐ CBC ☐ CMP ☐ Serum AAT level
☐ IgA level (contraindicated if deficient with antibodies to IgA)
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Monthly ☐ Other: _____
☐ Physician office will order labs only

Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ Pulmonary function test ☐ Chest imaging

Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____