

ADMIT to outpatient infusion service for **Pegloticase (Krystexxa)**

Diagnosis:

- ☐ Chronic Gout in adults refractory to conventional therapy
☐ Other (specify) _____

Pre-Infusion:

- ☐ G6PD deficiency screening prior to referral

Lab:

- ☐ Serum Uric Acid prior to each Infusion
☐ If Uric Acid level is > 6 for 2 consecutive readings notify Physician.
☐ Other (specify): _____

Pre-Meds:

- ☐ Other (specify) _____

Infusion Orders

Drug	Fluid	Total dose	Route
Krystexxa (Pegloticase)	NS 250 ml	8 mg	IV Infusion

Ancillary Treatment/Administrative Procedures

- ❖ Administer IV infusion over 2 hours.
- ❖ Infusion bag should be protected from light.
- ❖ Infuse Normal Saline at 50ml/hr as mainline fluid.
- ❖ Monitor vital signs prior to infusion and as needed. Hold patient for one hour post Infusion and monitor for delayed reactions.
- ❖ May use Infusion Center standing orders.

Schedule repeat infusion: Every 2 weeks

Ordering Physician _____

Date _____

Time _____

**EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Pegloticase (Krystexxa)**

Patient Identification