



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

PO9031



ADULT AMBULATORY INFUSION ORDER  
**Sebelipase alfa (KANUMA) Infusion**

Page 1 of 4

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Hypersensitivity reactions have occurred during infusion and within 4 hours after the infusion. Anaphylaxis has occurred as early as the 6th infusion and as late as 1 year after treatment initiation.
3. Sebelipase alfa is produced in the egg whites of genetically engineered chickens. Consider the risks and benefits of treatment in patients with known systemic hypersensitivity reactions to eggs or egg products.

**LABS:**

- ☐ LIPID SET, Routine, Normal, Clinic Collect, every visit, for 2 treatments
- ☐ LIPID SET, Routine, Normal, Clinic Collect, every 12 weeks, starting 112 days after treatment start date
- ☐ LIVER SET (AST,ALT,BILI TOTAL,BILI DIRECT,ALK PHOS,ALB,PROT TOTAL), Routine, Normal, Clinic Collect, every visit, for 6 treatments
- ☐ LIVER SET (AST,ALT,BILI TOTAL,BILI DIRECT,ALK PHOS,ALB,PROT TOTAL), Routine, Normal, Clinic Collect, every visit, for 12 weeks, starting 168 days after treatment start date

**NURSING ORDERS:**

1. For patients with dose of 1 mg/kg infuse first dose over 2 hours. If no previous infusion reactions infuse over 1 hour.
2. For patients with previous infusion reaction or doses greater than 1 mg/kg: Contact provider for further assistance
3. Administer sebelipase alfa (KANUMA) using a low-protein binding infusion set with an in-line, low-protein binding 0.2 micron filter.
4. Monitor for sebelipase alfa (KANUMA) infusion-related reactions including anaphylaxis for 4 hours after completion of each infusion. Advise patients of the signs and symptoms of anaphylaxis and hypersensitivity reactions and have them seek immediate medical care should signs and symptoms occur.
5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.



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**PRE-MEDICATIONS:** (Administer 30 minutes prior to infusion)

**Note to provider: Please select which medications below, if any, you would like the patient to receive prior to treatment by checking the appropriate box(s)**

- ☐ acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE AS NEEDED, for previous infusion reaction, every visit
- ☐ diphenhydrAMINE (BENADRYL) capsule, 50 mg, oral, ONCE AS NEEDED, for previous infusion reaction, every visit
- ☐ loratadine (CLARITIN) tablet, 10 mg, oral, ONCE AS NEEDED, for previous infusion reaction if diphenhydramine is not given, every visit

**(Choose as alternative to diphenhydrAMINE if needed)**

**MEDICATIONS:**

sebelipase alfa (KANUMA) in sodium chloride 0.9 %, 1 mg/kg, intravenous, administer over 1-2 hours

**Interval:**

- ☐ ONCE, every 2 weeks

**HYPERSENSITIVITY MEDICATIONS:**

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



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**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**OHSU Infusion Locations**

<p>Contact the Referral Team directly for assistance at the centralized numbers below (do not contact individual clinics)</p> <p><b>INFUSION REFERRAL TEAM</b></p> <p><b>Fax completed orders to (503) 346-8058</b></p> <p>Phone (providers only) (971) 262-9645</p> <p>Infusion orders located at: <a href="http://www.ohsuknight.com/infusionorders">www.ohsuknight.com/infusionorders</a></p>	<input checked="" type="checkbox"/> <b>Please indicate the patient's preferred clinic location below</b>	
	<input type="checkbox"/> <b>BEAVERTON</b> OHSU Knight Cancer Institute	15700 SW Greystone Court Beaverton OR 97006
	<input type="checkbox"/> <b>NW PORTLAND</b> Legacy Good Samaritan campus	Medical Office Building 3 – Suite 150 1130 NW 22nd Ave, Portland OR 97210
	<input type="checkbox"/> <b>GRESHAM</b> Legacy Mount Hood campus	Medical Office Building 3 – Suite 140 24988 SE Stark, Gresham OR 97030
	<input type="checkbox"/> <b>TUALATIN</b> Legacy Meridian Park campus	Medical Office Building 2 – Suite 140 19260 SW 65th Ave, Tualatin OR 97062
	<input type="checkbox"/> <b>Community providers only (no Legacy)</b> <b>EAST PORTLAND</b> Adventist Health Portland campus	Pavilion – 10000 SE Main St – Suite 350 Portland, Oregon 97216

Referral team will consider other locations as appropriate (e.g. selected site not available, urgent treatment, patient preference)

**OHSU Partner Infusion Locations**

<input checked="" type="checkbox"/> <b>Please indicate the patient's preferred clinic location below</b> Not all therapies are offered at every site, contact site for more information
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☐ Community providers only (no Legacy)  
**HILLSBORO MEDICAL CENTER**  
Fax completed orders to (503) 681-4120

364 SE 8th Ave – Medical Plaza Suite 108B  
Hillsboro, OR 97123  
Phone (providers only) (503) 681-4124

☐ Community providers only (no Legacy)  
**ADVENTIST HEALTH – PORTLAND**  
Fax completed orders to (503) 261-6756

Infusion Services – 10123 SE Market St  
Portland, OR 97216  
Phone (providers only) (503) 261-6631