



### Aralast NP (Alpha1 Proteinase Inhibitor) Infusion Order Form

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

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

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**Diagnosis and ICD 10 Code (Required)**

Alpha-antitrypsin deficiency    ICD 10 Code: E88.01     Other DX: \_\_\_\_\_    ICD 10 Code: \_\_\_\_\_

**Required Tests (within 12 months & attach results)**

PFT        Results \_\_\_\_\_  
AAT Level    Results \_\_\_\_\_  
Chest Xray    Results \_\_\_\_\_

**Required Labs (within 3 months & attach results)**

CBC        Results \_\_\_\_\_  
CMP        Results \_\_\_\_\_  
Other: \_\_\_\_\_

**Pre-Medication Orders**

Acetaminophen (Tylenol)  500mg  650mg  1000mg  PO  
Diphenhydramine (Benadryl)  25mg  50mg  PO  IV  
Methylprednisolone (Solu-Medrol)  125mg  IV  
Ondansetron (Zofran)  4mg  8mg  PO  IV  
Other: \_\_\_\_\_    Route: \_\_\_\_\_  
Dose: \_\_\_\_\_    Frequency: \_\_\_\_\_

**Nursing**

Provide nursing care per Smart Infusion Nursing Procedures,  
Including reaction management and post-procedure observation.

**Special Instructions / Notes**

**Provider Information**

Provider Name: \_\_\_\_\_    Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_    Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Aralast NP Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

Dosage

60mg/kg IV  
 Other \_\_\_\_\_

Frequency

IV weekly  
 Other \_\_\_\_\_

**Required Documents**

Patient Demographic Sheet  
 H & P within the past 6 months  
 Current Medication List  
 Clinical and Progress Notes