



### Prolastin-C (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: \_\_\_\_\_

**Prolastin-C 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