



Zemaira (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: _____

Zemaira 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