



Oregon Medical Group
Infusion Center
1007 Harlow Road
Springfield, Oregon 97477
Phone: (541) 741-0387
Fax: (541) 242-4634

Krystexxa (Pegloticase) Infusion Order

Name: _____

DOB: _____

Diagnosis: _____

ICD-10 Code: _____

1. Vital signs: Initial, Q 15-30 minutes, PRN
2. Peripheral IV site with saline lock.
3. Mix Krystexxa 8mg in 250mL of 0.9% Sodium Chloride to run over no less than 2 hours at a constant rate.
4. Pre-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check).

___ Loratadine (Claritin) 10mg PO ___ with each infusion ___ PRN

___ Cetirizine (Zyrtec) 10mg PO ___ with each infusion ___ PRN

___ Diphenhydramine (Benadryl) 25 mg PO or IV ___ with each infusion ___ PRN

___ Acetaminophen (Tylenol) 650mg PO ___ with each infusion ___ PRN

___ Solu-Medrol 40mg IV prior to infusion ___ with each infusion ___ PRN

5. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

___ Slow or stop infusion.

___ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-mediations.

___ If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.

6. Hold patient 30 minutes post-infusion to observe for signs and symptoms of reaction.

Provider Signature: _____

Date: _____

Provider's Printed Name: _____

Time: _____