



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Alpha-1 proteinase inhibitor (Aralast)

Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Diagnosis: _____ ICD-10: _____
Allergies: _____

Parameters for dose calculation:

- Weight _____ kg
 - Obtain once monthly. Document and notify pharmacist.

Treatment Regimen:

- Alpha-1 proteinase inhibitor (Aralast) 60mg/kg x _____ kg = _____ mg in an empty sterile IV bag IVPB over 20 minutes once weekly
 - Dose rounded to nearest full 500mg vial = _____ mg
- **Flush IV line with 30-50mL 0.9% NaCl following completion of Aralast infusion**
- **Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required**

Duration of Order: 1 year (unless otherwise specified: _____)

For Anaphylactic reactions, check which therapies to be included (patients >40kg):

- **Epinephrine 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.**
- **Diphenhydramine 50mg IV Push x 1 over 2 minutes**
- **Sodium Chloride 0.9% 250mL IV x 1 at 250mL/hour**

Additional orders: _____

Physician Signature: _____ Print: _____

Date: _____ Phone: _____ Fax: _____