



PEGLOTICASE (Krystexxa) Order Set:

Patient Name: _____ DOB: _____

Height: _____ Weight: _____ (kg) Allergies: _____

Assign as Outpatient

Criteria for Administration –

Confirm that patient has no history of GPD6 deficiency

Diagnosis:

___ M10.9 ___ Gout, unspecified
___ Other (ICD-10 Code): _____

Labs –

___ Uric Acid **TO BE COMPLETED PRIOR to infusion**
If Uric Acid > 6 mg/dl on two successive occasions, hold infusion and call MD

Premedication:

- | | |
|--|---|
| ___ diphenhydrAMINE 50 mg PO x 1 dose | ___ diphenhydrAMINE 25 mg PO x 1 dose |
| ___ methylPREDNISolone 40 mg IV x 1 dose | ___ methylPREDNISolone 125 mg IV x 1 dose |
| ___ Hydrocortisone 200 mg IV x 1 dose | ___ Acetaminophen 1000 mg PO x 1 dose |
| ___ Other _____ | |

___ **Pegloticase (Krystexxa) 8 mg in Normal Saline 250 ml IV over 2 hours every 2 weeks**

___ Duration: _____

___ Other _____

- Vital signs every 30 minutes
- Monitor for adverse reactions during infusion and for at least an hour after the end of the infusion
- **Mild reactions:** Stop infusion and restart at a lower rate
- **Severe reactions:** Stop infusion, initiate anaphylaxis protocol and notify MD.

IV Line Care:

- Normal Saline 10 ml IV flush after each use
- For implanted ports: Heparin 100 units/ml 5 ml IV flush after each use or prior to deaccessing

Discharge one hour after infusion complete

New MD order required every 6 months unless defined in original order

Physician Signature: _____ Date/Time: _____

