ADVANCED
INFUSION CENTER

Krystexxa Infusion Orders

Name: _____ Date: _____

Allergies: _____ Weight: _____

Diagnosis: ICD 10 code (required): _____

___ Chronic Gouty Arthritis with tophus (tophi)

___ Chronic Arthropathy without mention of tophus (tophi)

Medication Order:

Krystexxa 8 mg IV in 250 ml normal saline over 120 minutes every 2 weeks

Premedications:

___ Benadryl 25 mg PO **___ Loratadine 10 mg PO**

___ Solu-Medrol 125 mg IV **___ Acetaminophen 650mg PO**

Lab order:

- **Serum Uric acid 24-48 hours prior to infusion (standing order)**
- **G6PD serum level (required prior to first dose)**

Nursing Orders:

- **Monitor SUA prior to each infusion. Hold infusion and call MD if two consecutive levels increase above 6 mg/dL.**
- **Confirm patient is taking methotrexate and folic acid (unless contraindicated)**
- **Confirm patient has rescue medication at home for flares**
- **Confirm patients no longer take allopurinol or colchicine**

Infusion reactions or hypersensitivity:

- **Stop Krystexxa and start normal saline at _____ ml/hr.**
- **Give Benadryl 50 mg IV.**
- **Give Solu-Medrol 125 mg IV.**
- **Call the doctor.**

Physician signature: **Date:**

Physician Name (printed):

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