Pegloticase (KRYSTEXXA)

TOTAL INFUSION
human-centered care

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605
Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: _____

DOB: _____ Phone: _____

Gender: ☐ Male ☐ Female

Allergies: _____

DIAGNOSIS (ICD-10 code required):

☐ _____ Chronic Gout

☐ _____ Other: _____

PROVIDER REMINDERS:

- All orders with a ☑ will be placed unless otherwise noted
- Uric Acid level prior to initial dose and within 48 hours prior to subsequent doses
- Contraindicated in patients with G6PD deficiency; screen patients at risk prior to initial dose
- Begin prophylactic management for gout flares at least one week prior to initial dose
- Discontinue urate lowering therapies prior to initial dose

TREATMENT CRITERIA:

Hold Pegloticase (KRYSTEXXA) if:

- *Initial dose only:* Unable to verify normal G6PD activity from lab tests
- If two consecutive Uric Acid levels are **GREATER THAN 6**

Notify Provider if:

- Uric Acid level is **GREATER THAN 6**

Nursing Considerations:

- Confirm patient has stopped urate lowering therapies e.g. allopurinol, febuxostat
- Remind patients they may have gout flares and ensure they are taking prophylactic treatment as prescribed
- Monitor for adverse reaction including vital signs and pulse ox, every 30 minutes, at the end of infusion, and one hour post infusion

Premedications

☑ **Acetaminophen (TYLENOL) 650mg PO**, Once, 30 minutes prior to Pegloticase Infusion.

☑ **Loratadine (CLARITIN) 10MG PO**, Once, 30 minutes prior to Pegloticase Infusion.

☑ **Methylprednisolone Sodium Succinate (SOLU-MEDROL) 125mg IV**, Once, 30 minutes prior to Pegloticase Infusion.

☐ _____

Medications

Patient Weight _____kg **(REQUIRED)**

Infuse **Pegloticase (KRYSTEXXA)** Intravenously over 2 hours.

Dose:

☑ 8mg

Frequency:

☑ Every 2 weeks

☑ **IV LINE CARE** per Nursing Policy

☑ **INFUSION REACTION MEDICATIONS** per Standardized Procedures

Special Instruction(s):

Provider Signature _____ Date _____ Email _____

Printed Name _____ Phone _____ Fax _____

Office Contact _____ Phone _____ Email _____