

(C1 esterase inhibitor)

CINRYZE infusion orders

Patient Name _____ DOB _____

Phone _____ M F

DIAGNOSIS Please provide ICD-10 code

D84.1 Defects in the complement system (C1 esterase inhibitor [C1-INH] deficiency)

_____ (other)

PRE-MEDICATION

Tylenol 1000mg IV

Diphenhydramine 25mg IV

Cetirizine 10mg IV

_____ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

_____ (other)

CINRYZE ORDERS

DOSAGE

1,000u IV every 3-4 days

PATIENT WEIGHT

_____ lbs.

_____ kg

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____