

(C1 esterase inhibitor)

# CINRYZE infusion orders



Patient Name  
Phone

DOB  
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 PO  
Diphenhydramine 25mg PO  
Cetirizine 10mg PO

Solu-Medrol 125mg IVP  
Solu-Cortef 100mg IVP  
Diphenhydramine 25mg IVP

*(other)*

*(other)*

### CINRYZE ORDERS

DOSAGE	PATIENT WEIGHT
1,000u IV every 3-4 days	lbs. kg

### NOTES

### ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_