

Provider Communication

	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> Beacon Provider Communication - Prior to initiating TZIELD, obtain a complete blood count and liver enzyme tests. - Use of TZIELD is not recommended in patients with: <ul style="list-style-type: none"> o Lymphocyte count less than 1,000 lymphocytes/mcL o Hemoglobin less than 10 g/dL o Platelet count less than 150,000 platelets/mcL o Absolute neutrophil count less than 1,500 neutrophils/mcL o Elevated ALT or AST greater than 2 times the upper limit of normal (ULN) or bilirubin greater than 1.5 times ULN o Laboratory or clinical evidence of acute infection with Epstein-Barr virus (EBV) or cytomegalovirus (CMV) o Active serious infection or chronic active infection other than localized skin infections 	Every visit	S	Until discont'd
<input checked="" type="checkbox"/> Beacon Provider Communication Administer all age-appropriate vaccinations prior to starting TZIELD: <ul style="list-style-type: none"> o Administer live-attenuated (live) vaccines at least 8 weeks prior to treatment. o Administer inactivated (killed) vaccines or mRNA vaccines at least 2 weeks prior to treatment. 	Once	S	1 treatment

Pre-Medications

	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> ACETAMINOPHEN ORDERABLE BCN CC 15 mg/kg (Treatment Plan) 15 mg/kg, Oral, ONCE, Starting at treatment start time Give 30 minutes prior to treatment (select ibuprofen OR acetaminophen) Premed required for 1st five doses of teplizumab	Every visit	S	Until discont'd
<input checked="" type="checkbox"/> ibuprofen (ADVIL,MOTRIN) suspension 10 mg/kg 10 mg/kg, Oral, ONCE, Starting at treatment start time Give 30 min prior to treatment (select ibuprofen OR acetaminophen) Premed required for 1st five doses of teplizumab	Every visit	S	Until discont'd
<input checked="" type="checkbox"/> DIPHENHYDRAMIN ORAL ORDERABLE BCN CC Oral, ONCE, Starting at treatment start time Give 30 minutes prior to treatment. Premed required for 1st five doses of teplizumab,	Every visit	S	Until discont'd
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection 0.15 mg/kg 0.15 mg/kg, Intravenous, ONCE, Starting at treatment start time Give 30 minutes prior to treatment. Premed required for 1st five doses of teplizumab.	Every visit	S	5 treatments

Medications

	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> teplizumab-mzwv (TZIELD) 65 mcg/m2 in 0.9 % NaCl 25 mL infusion 65 mcg/m2, Intravenous, for 30 Minutes, ONCE, Starting 30 minutes after treatment start time Infuse over at least 30 min. Day 1 dose	Once	S	1 treatment
<input checked="" type="checkbox"/> teplizumab-mzwv (TZIELD) 125 mcg/m2 in 0.9 % NaCl 25 mL infusion 125 mcg/m2, Intravenous, for 30 Minutes, ONCE, Starting 30 minutes after treatment start time Infuse over at least 30 min. Day 2 dose	Once	S+1	1 treatment
<input checked="" type="checkbox"/> teplizumab-mzwv (TZIELD) 250 mcg/m2 in 0.9 % NaCl 25 mL infusion 250 mcg/m2, Intravenous, for 30 Minutes, ONCE, Starting 30 minutes after treatment start time Infuse over at least 30 min. Day 3 dose	Once	S+2	1 treatment

Medications (continued)

		Interval	Defer Until	Duration
<input checked="" type="checkbox"/>	teplizumab-mzwv (TZIELD) 500 mcg/m2 in 0.9 % NaCl 25 mL infusion 500 mcg/m2, Intravenous, for 30 Minutes, ONCE, Starting 30 minutes after treatment start time Infuse over at least 30 min. Day 4 dose	Once	S+3	1 treatment
<input checked="" type="checkbox"/>	teplizumab-mzwv (TZIELD) 1,030 mcg/m2 in 0.9 % NaCl 25 mL infusion 1,030 mcg/m2, Intravenous, for 30 Minutes, ONCE, Starting 30 minutes after treatment start time Infuse over at least 30 min. Day 5 - 14 dose	Every 1 day	S+4	10 treatments

Emergency Medications

		Interval	Defer Until	Duration
<input checked="" type="checkbox"/>	Beacon Nursing Communication PRN Starting when released for 1 day If patient has symptoms of anaphylaxis: 1. Page physician on call 2. Stop infusion 3. Maintain airway 4. Maintain IV with Normal Saline or other appropriate solution. 5. Obtain O2 Sat. 6. Administer oxygen at rate to maintain saturation greater than 93% or for comfort. 7. Place patient in reclined position, with legs elevated if possible. 8. Observe patient and evaluate symptoms. 9. Monitor Vital Signs ever 5 minutes for 30 minutes until stable, then every 15 minutes until discharge or transfer to hospital. 10. If previous measures are ineffective activate Code Blue.	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 1 mg/kg (Treatment Plan) 1 mg/kg, Intravenous, PRN, other, For infusion reaction, Starting when released, for 1 day	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	EPINEPHrine (ADRENALIN) 1 MG/ML injection Intramuscular, PRN, for infusion reaction, Starting when released, for 1 day Administer every 5 to 15 minutes as needed until resolution, or until signs of palpitation, tremor, uncomfortable apprehension, or anxiety occur.	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	famotidine (PEPCID) 0.5 mg/kg (Treatment Plan) in 0.9% NaCl IV syringe 0.5 mg/kg, Intravenous, for 15 Minutes, PRN, other, Give for infusion reaction, Starting when released, for 1 dose	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	hydrocortisone (Solu-CORTEF) injection 2 mg/kg (Treatment Plan) 2 mg/kg, Intravenous, PRN, other, For infusion reaction, Starting when released, for 1 day May repeat once after 10 minutes if needed.	PRN	S	Until discont'd

Flushes

		Interval	Defer Until	Duration
<input checked="" type="checkbox"/>	0.9 % NaCl infusion Intravenous, at 10 mL/hr, PRN, other, For IV medication administration, Starting when released, for 1 day May start and maintain IV at KVO rate for IV medication access.	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	heparin 100 UNIT/ML flush 200-500 Units 2-5 mL, Intracatheter, PRN, line care, Starting when released, for 1 day 1. 2 mL for 2 Fr PICC 2. 5 mL for Implanted Ports	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	0.9% NaCl flush 1-10 mL 1-10 mL, Intracatheter, PRN, line care, for 1 day Flush with 1-10 mL before and after each medication or blood draw.	PRN	S	Until discont'd
<input checked="" type="checkbox"/>	heparin lock 10 UNIT/ML flush 5-20 Units 0.5-2 mL, Intravenous, PRN, other, Line Care, Starting when released, for 1 day 1. 2 mL for PICC or CVL (temporary, Broviac, port). 2. 0.5-1 mL for children 5 kg or less with PICC, CVL.	PRN	S	Until discont'd

Few weeks prior:

12/26/2022	Anti Islet Cell Antibody
12/26/2022	Zinc Transporter 8 Autoant...
12/26/2022	Comprehensive metabolic...
12/26/2022	CBC and differential
12/26/2022	EBV VCA ICG AB
12/26/2022	EBV VCA IGM Ab
12/26/2022	CMV DNA Quant By PCR
12/26/2022	Cytomegalovirus Antibody...
12/26/2022	Cytomegalovirus Ab IGM
12/26/2022	Glutamic Acid Decarboxyl...
12/26/2022	Ia2 Autoantibodies
12/26/2022	Insulin Antibody
12/26/2022	2HR 75G Glucose Toleran...

We obtained labs AFTER the infusion on the days indicated below since we already had a baseline from a few weeks before. And that way the labs would result before the infusion the next day and determine if we were good to go that next day. Otherwise the infusion days would be very long waiting for stat labs to come back if they were drawn in the morning.

Labs at the end of the day on days 1, 3, 5, 8, 10, 12:

01/25/2023	Bilirubin Direct
01/25/2023	PROTIME-INR
01/25/2023	Comprehensive Metabolic...
01/25/2023	CBC and Differential

On day 6 (first Sat):

01/28/2023	CBC and Differential
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On day 14 (last day, second Sunday):

02/05/2023	Bilirubin Direct
02/05/2023	PROTIME-INR
02/05/2023	Comprehensive Metabolic...

Then RN in infusion center removed PICC prior to discharge.