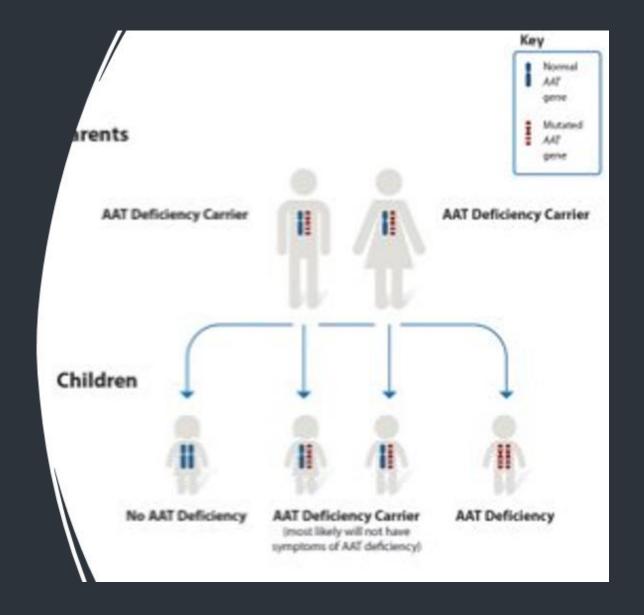


What is Alpha 1

- Alpha₁ antitrypsin
 (A₁AT) deficiency, or Alpha-1 for short, is a hereditary and progressive condition that affects lungs and liver.
- It's passed down from parent to child through their genes.
- Because of this, Alpha-1 lung disease is commonly called "genetic COPD."



Common Alpha 1 meds

ARALAST

GLASSIA

PROLASTIN

ZEMARIA



Each Alpha 1 Medication is given following these basic steps

- ALWAYS establish IV access prior to mixing any meds
 ALWAYS be sure you have everything you need to complete the visit from start to finish
 Use aseptic technique to prepare medication.
- Inspect the medication vial for particulate material and discoloration prior to dilution. It should appear colorless to slightly yellow.

Select appropriate number of vials required to prepare the dose. There is usually a +/-15% deviation allowed for dosing so the total volume should fall within 15% of the dose.

Remove the flip off cap from the vials and wipe the top of the vial with an alcohol swab. Withdraw the liquid from each vial until the appropriate dose is reached.

Transfer the medication into and empty IV bag. You may use a syringe and needle to inject the medication into the bag.

ADMINISTRATION

Step 1: Allow solution to warm to room temperature

- Step 2: Draw up correct dose, transfer medication to an empty IV bag and spike the IV bag with the proper administration tubing. This medication is most often infused via gravity/dial a flow tubing. The dose should go over a minimum of 15 minutes.
 - Step 3: Monitor Pt for any infusion reactions.
 - Step 4: Once infusion is complete, flush IV with 10ml of NS.
- Step 5: Record vitals at baseline and at infusion end. Remember to record lot number and expiration dates for all vials used.

Using transfer spike or large gauge needle, with draw needed Alpha
1 medication from vial.



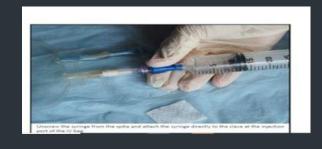
Attach a different large gauge needle to injection port of pooling bag, and tape in pace



Attach Microclave to needle, and then use this set up to transfer medication from syringe into bag, this reduces the number of needle sticks into bag.

Once all medication is pooled, remove tape, microclave and needle.

Spike bag of prepared Alpha 1 medication and infuse per MD orders





Pooling Video Vial to Syringe to Pooling bag

https://youtu.be/ZLQSEC9KsKA

IV Medicine by Gravity

Take your medication out of refrigerator and warm to room temperature. Check medication label for patient's name, medication and dose, and expiration date.

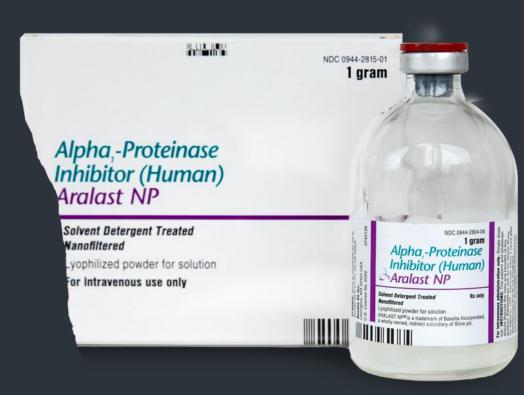
- 1. Wash hands dry with paper towels.
- 2. Clean your work area as instructed.
- 3. Gather supplies:
 - · Bag of medication
 - IV tubing
- 2 saline syringes
- 1 heperin syringe
- Alcohol pads
- · End cap if needed
- 4 Wash hands.
- 5. Open IV tubing and turn dial on tubing to "OFF".
- 6. Spike tubing into IV bag, hang IV bag on pole, and squeeze drip chamber to partially fill with fluid
- Slowly turn the dial to fill the tubing with the medicine. When the tubing is completely filled with medicine, clamp IV tubing.
- 8. Clean the injection cap on IV catheter with alcohol and flush IV catheter with Saline.
- Clean injection cap on IV catheter with alcohol and attach IV tubing to the injection cap on IV catheter.
- 10. Open the dial to _____ then unclamp IV tubing. This should run for _____ minutes at about ____ drops per minute.
- 11. When medication is finished clamp IV tubing and wash your hands.
- Disconnect IV tubing from IV catheter. Tubing is good for 24 hours. Put new end cap on end of IV tubing if reusing tubing.
- 13. Clean injection cap on IV catheter with alcohol and flush with Saline
- 14. Clean injection cap on IV catheter with alcohol and flush with Heparin.
- 15. Clamp tubing on IV catheter as instructed.
- 16. Discard IV bag and IV tubing as instructed.



Aralast

Aralast-Dosage-and-Admin-Guide-Digital.pdf (shirecontent.com)

https://www.aralastnp.com/



Aralast

Step 1: Reconstitution of ARALAST NP



- Remove caps from the ARALAST NP and diluent vials.¹
- Swab the exposed stopper surfaces with alcohol.¹
- Always make sure both diluent and ARALAST NP are at room temperature prior to reconstitution.¹



- Remove the cover from one end of a double-ended transfer needle. Insert the exposed end of the needle through the center of the stopper in the diluent vial.¹
- Remove the plastic cap from the other end of the doubleended transfer needle now seated in the stopper of the diluent vial.¹



- To reduce any foaming, invert the vial of diluent and insert the exposed end of the needle through the center of the ARALAST NP vial stopper at an angle, making certain that the diffuent vial is always above the ARALAST NP vial.
- The angle of insertion directs the flow of diluent against the side of the ARALAST NP vial.³
- The vacuum in the vial is sufficient to allow transfer of all the diluent into the ARALAST NP vial.



- Disconnect the two vials by removing the diluent vial from the transfer needle. This allows any remaining low pressure in the product vial to equalize. Next, remove the double-ended transfer needle from the ARALAST NP vial and discard the needle into the appropriate safety container.¹
- Let the vial stand until most of the content is in the solution.¹



- GENTLY swirl until powder is completely dissolved. Do not shake the vial. Do not invert the vial until ready to withdraw contents.'
 Reconstitution requires no more
- Reconstitution requires no more than five minutes for a 0.5-g vial and no more than 10 minutes for a 1-g vial.¹
- Reconstituted product is a colorless or slightly yellow to yellow-green solution.¹



- After reconstitution, inspect the product visually for particulate matter and discoloration prior to administration.¹
- A few small visible particles may occasionally remain in the reconstituted product. These will be removed by the sterile 20-micron filter.



 Pool the reconstituted product into an empty, sterile IV solution container using aseptic technique and a sterile 20-micron filter supplied with the product.¹

Repeat steps A-G until all of the ARALAST NP solution needed for the prescribed dose is in the pooling container.

Administer ARALAST NP within three hours after reconstitution to reduce the risk of harmful microbial growth. Discard any unused contents.¹

Administer ARALAST NP alone, without mixing with other agents or diluting solutions.¹

Step 2: Administration

Glassia

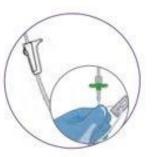
Glassia-Dosage-and-Admin-Guide-Digital.pdf (glassialiquid.com)

using a new filter needle with each vial.



Prepare the infusion set:

- · Close the roller clamp on the IV infusion set.
- Attach an in-line 5 micron filter to the end of the IV infusion set.
- · Attach an extension set (if necessary).
- Remove cap from the IV infusion set spike and insert spike into the infusion port on the bag containing GLASSIA.
- Hang the pooling bag from an IV pole or hook.
- Squeeze the drip chamber until it is half-full and fill the IV infusion set as directed by your healthcare professional.







https://www.prolastin.com/en/h

Prolastin



Dosing regimen

The recommended dosing regimen for PROLASTIN*-C LIQUID is 60 mg/kg body weight by IV infusion administered once weekly.*



Rate of administrat

PROLASTIN-C LIQUID shoul intravenously at a rate 0.08 n determined by the response a the patient.¹



Storage

PROLASTIN-C LIQUID is shipped in refrigerated packs. These packs should be stored refrigerated at 36-46°F (2-8°C) for the period indicated by the expiration date on its label.¹

PROLASTIN-C LIQUID may be stored at room temperature not exceeding 77°F (25°C) for up to one month, after which the product must be used or immediately discarded. Do not freeze.¹



Hypersensitivity re

Including anaphylaxis, may or vital signs and observe the pa throughout the infusion. If hy symptoms occur, promptly st PROLASTIN-C LIQID infusion appropriate therapy.

Zemaira

Zemaira Website

ZEMAIRA-Mix2Vial-Transfer-Set.pdf (cslbehring.com)



Links to Alpha 1 Education Videos

- https://www.prolastin.com/en/patients/resources
- ◆ https://youtu.be/tWvirPVxhxE Alpha 1 infusion day video
 - ◆ Pooling Video https://youtu.be/ZLQSEC9KsKA
- ◆ Understanding Alpha 1 video : https://youtu.be/pXR0RpMMrfk

TEAMS

- When responding to messages in Teams be sure to tag the proper person/team.
 - For Clinical issues:
- Use tags @Teamhelp-Clinical and @Teamhelp-CareCoordination
 - The @TeamHelp-Clinical tag should ONLY be used during business hours (Monday - Friday, 8a - 5p).
 - During afterhours which includes the weekends,
 you should submit a nurse ticket for any issues or questions.
- https://forms.monday.com/forms/139d98db8b6a88cfac13a8db09fcabe
 7?r=use1
 - *Do not send a direct chat message*
 - For Care Coordination issues:
 - Need to reschedule visit? Pt cancelled. Pt not home. No supplies, etc.
 - Use tag @Teamhelp-CareCoordination

THANK YOU!

- We would like you to know how much we value all of you.
- Each month we will spotlight a few nurses that we have gotten reviews from patients or other staff members.
 - We hope to see each of your names on this list.
 - Please urge your patients to fill out the patient survey.
 - Please also complete the staff Feeback survey
 - Patient / Client Feedback (Survey)
 - https://forms.monday.com/forms/c586fed174dd384d50353f4573907676?r=use1
 - Staff Feedback (Survey)
 - https://forms.monday.com/forms/f40bc572dcd70982d493488828f31c5b?r=use1

Thank you! RN praise from surveys and paitnets

- We would like to recognize the following nurses
- Martha Easter- Pt sent survey stated "Martha came in, was extremely professional as well as personable."
 - Cheree Waddell- Pt sent survey Cheree is a excellent nurse
 - Mary Cuajunco- Pt sent review praising Mary.

