

Appendix A: Treprostinil (Remodulin®) Drug Calculation Worksheet

THIS FORM SHALL BE KEPT WITH PUP SHEET OF THE PATIENT'S LOCATION UNTIL DISCHARGE AND A COPY FOR CENTRAL PHARMACY.

ONCE COMPLETED UPON DISCHARGE, FORM IS GIVEN TO THE PHARMACY CLINICAL COORDINATOR.

Dosing Weight: _____ kg (not current weight)

Reviewed patient information available on the shared pharmacy drive

Phone Call Information			
Company to Contact		<input type="checkbox"/> Accredo Therapeutics 1-866-344-4874 (1-866-FIGHT PH)	
		<input type="checkbox"/> CVS Caremark 1-877-242-2738	
		<input type="checkbox"/> Other Company Name: _____ Phone Number: _____	
Name of Contact		Time of Phone Call	
		am/pm	
Confirm Dosing Weight		kg	Dose
		ng/kg/min	
Pump Information	SQ	<input type="checkbox"/> CADD MS3 (SQ) <input type="checkbox"/> Other: _____	
	IV	<input type="checkbox"/> CRONO5 pump (IV) <input type="checkbox"/> CADD Legacy (IV) <input type="checkbox"/> Other: _____	
Concentration	SQ	<input type="checkbox"/> _____ mg/mL (SQ) <input type="checkbox"/> Other: _____	
	IV	<input type="checkbox"/> _____ ng/mL (IV) <input type="checkbox"/> Other: _____	
Pump Rate	SQ	<input type="checkbox"/> _____ mL/hr (SQ) <input type="checkbox"/> Other: _____	
	IV	<input type="checkbox"/> _____ mL/hr (IV-CRONO5) <input type="checkbox"/> _____ mL/day (IV-CADD Legacy)	
Diluent	Epoprostenol	<input type="checkbox"/> _____ mL Epoprostenol Diluent pH12 <input type="checkbox"/> _____ mL Epoprostenol Diluent pH10.5	
	Other	<input type="checkbox"/> Other: _____ mL	
Mixing Instructions (with vial concentration)		<input type="checkbox"/> 1mg/mL <input type="checkbox"/> 2.5mg/mL <input type="checkbox"/> 5mg/mL <input type="checkbox"/> 10mg/mL	
Additional Information			

Written Calculations			
Note: 1mg is equivalent to 1,000,000 nanograms (ng)			
Dosing Weight: _____ kg X Dose: _____ ng/kg/min X 60 minutes = _____ ng/ hour			
Vial concentration	<input type="checkbox"/> 1mg/mL	<input type="checkbox"/> 2.5mg/mL	<input type="checkbox"/> 5mg/mL <input type="checkbox"/> 10mg/mL
Volume from vial	_____ mL	mg (mg/mL x volume)	_____ mg Volume of Diluent _____ mL
_____ mg per syringe/reservoir ÷ _____ (mL from vial + mL diluent) = _____ concentration. of syringe/reservoir in mg/mL			
_____ Concentration of syringe/reservoir in mg/mL X 1,000,000 = _____ concentration in ng/mL			
Rate Calculation	_____ ng/hour ÷ _____ ng/mL (syringe/reservoir concentration) = _____ mL/hour		
	IV-CRONO5 (mcL/hr)	_____ mL/hour X 1,000 = _____ mcL/hr	
	IV-CADD Legacy (mL/day)	_____ mL/hour X 24 hrs = _____ mL/day	

Confirmed information with patient and patient's home cassette

Patient's Home Cassette Information			
Vial concentration	_____ mg/mL		
Volume from vial	_____ mL	Volume diluent	_____ mL
Syringe / reservoir concentration			
Pump rate	<input type="checkbox"/> _____ mL/hr(SQ) <input type="checkbox"/> _____ mL/hr(IV) <input type="checkbox"/> _____ mL/day(IV)		

Staff	Print Name/Signature	Date	Time
Pharmacist			am/pm
2 nd Pharmacist			am/pm
Nurse			am/pm