CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH VEDOLIZUMAB (ENTYVIO)

version 4/11/2023

Provider Communication

		Interval	Defer Until	Duration
☐	**SJH ONCBCN PROVIDER COMMUNICATION LATENT TB TESTING**			
☐	Provider Communication	Once	S	1 treatment

No details available for preview

Provider Communication (continued)

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Every 14 days	S	2 treatments
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Once	S+42	1 treatment
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Every 56 days	S+98	Until discont'd
	Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 90 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after			

KVO Fluids

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd
	500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.			

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 PO / DIPH 25 PO/IVP)**			
☐	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd
	650 mg, oral, Once, Starting at treatment start time Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours. Premed 30-60 minutes before each dose.			
☐	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every visit	S	Until discont'd

Pre-Medications (continued)

		Interval	Defer Until	Duration
	25 mg, oral, Once, Starting at treatment start time Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.			
☐	diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd
	25 mg, intravenous, Once, Starting at treatment start time Premed 30-60 minutes before each dose.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY VEDOLIZUMAB (ENTYVIO) 300 MG**			
☑	vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9% (NS) 255 mL infusion	Every 14 days	S	2 treatments
	300 mg, intravenous, Once, Starting 60 minutes after treatment start time Observe patients during infusion (until complete) and monitor for hypersensitivity reactions; discontinue if a reaction occurs. Infuse over 30 minutes. Following infusion, flush with 30 mL of NS.			
☑	**SJH ONCBCN THERAPY VEDOLIZUMAB (ENTYVIO) 300 MG**			
☑	vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9% (NS) 255 mL infusion	Once	S+42	1 treatment
	300 mg, intravenous, Once, Starting 60 minutes after treatment start time Observe patients during infusion (until complete) and monitor for hypersensitivity reactions; discontinue if a reaction occurs. Infuse over 30 minutes. Following infusion, flush with 30 mL of NS.			
☑	**SJH ONCBCN THERAPY VEDOLIZUMAB (ENTYVIO) 300 MG**			
☑	vedolizumab (ENTYVIO) 300 mg in sodium chloride 0.9% (NS) 255 mL infusion	Every 56 days	S+98	Until discont'd
	300 mg, intravenous, Once, Starting 60 minutes after treatment start time Observe patients during infusion (until complete) and monitor for hypersensitivity reactions; discontinue if a reaction occurs. Infuse over 30 minutes. Following infusion, flush with 30 mL of NS.			

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	No details available for preview			
☑	Oxygen Therapy -	PRN	S	Until discont'd
	Clinic Performed, Status: Future, Expected: S, Expires: S+396 Start for any grade of reaction. O2 Delivery Method: Nasal cannula Titrate to saturation of: 92% Indications of O2: Other (see comments)			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.			
☑	Start for any grade of reaction. diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			