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 RHEUM GOLIMUMAB (SIMPONI ARIA)

**version 3/22/2023**

### Appointment Request

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)** | | | |
| ☑ | Infusion Appointment Request | Once | S | 1 treatment |

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

## Appointment Request (continued)

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)** | | | |
| ☑ | Infusion Appointment Request | Every 4 weeks | S+20 | 1 treatment |
| | Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after | | | |
| ☑ | **SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)** | | | |
| ☑ | Infusion Appointment Request | Every 8 weeks | S+56 | Until discont'd |
| | Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after | | | |

## Labs

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE** | | | |
| ☐ | CBC with Automated Diff | Every 30 days | S | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not London or Corbin | | | |
| ☐ | CBC Auto Diff 3 Parts | Every 30 days | S | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Corbin | | | |
| ☑ | **SJH ONCBCN LAB BMP (OR ONC BMP) LOCATION SPECIFIC RULE** | | | |
| ☐ | Basic Metabolic Panel | Every 30 days | S | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link | | | |
| ☐ | Oncology Basic Metabolic Panel | Every 30 days | S | Until discont'd |
| | No details available for preview<br>Selection Condition: Lab location - SJH Oncology - Bob-O-Link | | | |
| ☑ | **SJH ONCBCN LAB HEPATIC FUNCTION PANEL** | | | |
| ☑ | Hepatic function panel | Every 30 days | S | Until discont'd |
| | No details available for preview | | | |
| ☑ | **SJH ONCBCN LAB SEDIMENTATION RATE** | | | |

## Labs (continued)

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | Sedimentation rate | Every 30 days | S | Until discont'd |

No details available for preview

## Treatment Parameters

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN TREATMENT PARAMETERS - OBSERVE PATIENT** | | | |
| ☑ | Treatment Parameters | Every visit | S | Until discont'd |

No details available for preview

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN TREATMENT PARAMETERS - TB AND HEPATITIS B TEST** | | | |
| ☑ | Treatment Parameters | PRN | S | Until discont'd |

No details available for preview

## KVO Fluids

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN OP KVO** | | | |
| ◉ | sodium chloride 0.9% (NS) infusion | Every visit | S | Until discont'd |

250 mL, intravenous, at 30 mL/hr, Once, Starting when released
KVO

| | | | | |
|---|---|---|---|---|
| ◎ | dextrose 5% (D5W) infusion | Every visit | S | Until discont'd |

250 mL, intravenous, at 30 mL/hr, Once, Starting when released
KVO

## Pre-Medications

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN PREMED ACETAMINOPHEN 650 MG** | | | |
| ☑ | acetaminophen (TYLENOL) tablet 650 mg | Every visit | S | Until discont'd |

650 mg, oral, Every 6 hours PRN, Infusion reaction, Starting when released, for 1 dose
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours

## Pre-Medications (continued)

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN PREMED DIPHENHYDRAMINE 25 MG PO** | | | |
| ☑ | diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg | Every visit | S | Until discont'd |

25 mg, oral, Once, Starting when released

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.

## Medications

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY SIMPONI ARIA (GOLIMUMAB) OVER 30 MIN (60 MIN OFFSET)** | | | |
| ☑ | golimumab (SIMPONI) 2 mg/kg in sodium chloride 0.9% (NS) 100 mL infusion | Once | S | 1 treatment |

2 mg/kg, intravenous, Once, Starting 60 minutes after treatment start time

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY SIMPONI ARIA (GOLIMUMAB) OVER 30 MIN (60 MIN OFFSET)** | | | |
| ☑ | golimumab (SIMPONI) 2 mg/kg in sodium chloride 0.9% (NS) 100 mL infusion | Every 4 weeks, at least 20 days apart | S+21 | 1 treatment |

2 mg/kg, intravenous, Once, Starting 60 minutes after treatment start time

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN THERAPY SIMPONI ARIA (GOLIMUMAB) OVER 30 MIN (60 MIN OFFSET)** | | | |
| ☑ | golimumab (SIMPONI) 2 mg/kg in sodium chloride 0.9% (NS) 100 mL infusion | Every 8 weeks, at least 40 days apart | S+56 | Until discont'd |

2 mg/kg, intravenous, Once, Starting 60 minutes after treatment start time

## Emergency Medications

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| ☑ | **SJH ONCBCN HYPERSENSITIVITY MEDS GOLIMUMAB (SIMPONI ARIA)** | | | |
| ☑ | Nursing Communication | PRN | S | Until discont'd |

| | | Interval | Defer Until | Duration |
|---|---|---|---|---|
| | For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain):<br>- Slow or stop infusion.<br>- Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no premedications.<br>- If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.<br><br>Anaphylaxis (wheezing/dyspnea, hypotension, angioedema, chest pain, tongue swelling):<br>- Give Epinephrine 0.3 mg IM. Notify MD. May repeat in 5 - 10 mins if no response. | | | |
| ☑ | diphenhydrAMINE (BENADRYL) injection 25 mg<br><br>25 mg, intravenous, Once, Starting at treatment start time<br>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. | PRN | S | Until discont'd |
| ☑ | methylPREDNISolone (SOLU-MEDROL) injection 40 mg<br><br>40 mg, intravenous, Once, Starting when released | PRN | S | Until discont'd |
| ☑ | EPINEPHrine (EPIPEN) injection 0.3 mg<br><br>0.3 mg, intraMUSCULAR, Once, Starting when released | PRN | S | Until discont'd |