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 RISANKIZUMAB-RZAA (SKYRIZI)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (120 MIN)**			
☑	Infusion Appointment Request	Every 28 days	S	3 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PROVIDER COMMUNICATION TB SCREENING**			
☑	Physician communication order	Once	S	1 treatment
	Normal			
☑	**SJH ONCBCN PROVIDER COMMUNICATION RISANKIZUMAB**			
☑	Physician communication order	Every visit	S	Until discont'd
	Normal			

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION - TB SCREENING**			
☑	Nursing Communication	Once	S	1 treatment
	Verify TB testing has occurred.			
☑	**SJH ONCBCN NURSING COMMUNICATION - ACTIVE INFECTION**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Assess patient for signs and symptoms of active infections and notify physician if present. HOLD Treatment for active infections.			

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB HEPATIC FUNCTION PANEL**			
☑	Hepatic function panel			
	No details available for preview			

Flushes

Flushes (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN D5W 250 ML/HR - KVO**			
☑	dextrose 5% (D5W) infusion	PRN	S	Until discont'd

250 mL, intravenous, at 30 mL/hr, As needed, For primary line. Intermittent as needed to flush the IV line, Starting when released, Until Discontinued
Infuse at 250 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN MED RISANKIZUMAB-RZAA 600 MG OVER 60 MINUTES**			
☑	risankizumab-rzaa (SKYRIZI) 600 mg in dextrose 5% (D5W) 250 mL infusion	Every 28 days	S	3 treatments

600 mg, intravenous, Once, Starting when released

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

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

		Interval	Defer Until	Duration
	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.			