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 NEURO EPTINEZUMAB-JJMR (VYEPTI)

version 5/22/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (90 MIN)**			
☑	Infusion Appointment Request	Every 90 days	S	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

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO STANDARD**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Obtain baseline vital signs pre-infusion, one hour into infusion and post infusion. Assess for any signs or symptoms of adverse reaction. Slow infusion rate if needed. Implement infusion reaction management standing orders if patient develops reaction. Apply telemetry if condition warrants. Notify provider for any adverse reactions.			
☑	Nursing Communication	Every visit	S	Until discont'd
	For questions during office hours, contact provider's office number. Contact cell phone of provider for signs and symptoms of allergic reaction.			
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd
	Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.			

Flushes

		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.			

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN MEDICATIONS EPTINEZUMAB-JJMR (VYEPTI) 100 MG AND 300 MG ADMIN 30 MIN**			
◎	eptinezumab-jjmr (Vyepti) 100 mg in sodium chloride 0.9% (NS) 100 mL	Every 90 days	S	Until discont'd
	100 mg, intravenous, at 200 mL/hr, Once, Starting when released Use an infusion set with a 0.2 micron or 0.22 micron in-line or add-on sterile filter.Do not mix or infuse other medications in the same infusion set. After administration, flush the line with 20 mL of 0.9% Sodium Chloride injection.			
◉	eptinezumab-jjmr (Vyepti) 300 mg in sodium chloride 0.9% (NS) 100 mL	Every 90 days	S	Until discont'd

Medications (continued)

	Interval	Defer Until	Duration

300 mg, intravenous, at 200 mL/hr, Once, Starting when released
Use an infusion set with a 0.2 micron or 0.22 micron in-line or add-on sterile filter.Do not mix or infuse other medications in the same infusion set. After administration, flush the line with 20 mL of 0.9% Sodium Chloride injection.

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	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

No details available for preview

☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd

1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued
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
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.