(vedolizumab)

ENTYVIO Infusion Orders

Patient Name ________________________________ DOB ______________________ Gender: ◯ M ◯ F

Phone_______________________________________

DIAGNOSIS: *Please provide IDC-10 Code*

☐ ___________Ulcerative Colitis
☐ ___________ Crohn's Disease
☐ ______________________________(Other)

PRE-MEDICATION:

☐ Tylenol 1000mg PO
☐ Cetirizine 10mg PO
☐ Diphenhydramine 25mg PO
☐ _______________Other

☐Solu-Medrol 125mg IVP
☐Solu-Cortef 100mg IVP
☐Diphenhydramine 25mg IVP
☐___________________Other

ENTYVIO ORDERS:

DOSAGE:

⬬ **300mg IV**
⬬ ***Emergency Orders and Treatment per Specialty Infusion Center Anaphylaxis Policy***

PATIENT WEIGHT

_________**LBS**
_________**KG**

FREQUENCY:

◯ **Dose at weeks 0, 2 and 6, then every 8 weeks (induction)**
◯ **Dose every _________weeks**

NOTES:

Nursing Orders

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Specialty Infusion Cente rpolicy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

ORDERING PROVIDER:

Signature ____________________________________ **Printed Name:** _________________________**Date**_________

Practice ___________________________________**Phone**_____________________________ **Fax** ________________

*****PLEASE FAX COMPLETED ORDER TO SPECIALTY INFUSION CENTER 231-600-7058*****