



(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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol 1000mg PO       | <input type="checkbox"/> Solu-Medrol 125mg IVP    |
| <input type="checkbox"/> Cetirizine 10mg PO      | <input type="checkbox"/> Solu-Cortef 100mg IVP    |
| <input type="checkbox"/> Diphenhydramine 25mg PO | <input type="checkbox"/> Diphenhydramine 25mg IVP |
| <input type="checkbox"/> _____ Other             | <input type="checkbox"/> _____ Other              |

**ENTYVIO ORDERS:**

**DOSAGE:**

- 300mg IV
- Emergency Orders and Treatment per Novello Infusion 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 Novello policy
- 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 NOVELLO INFUSION 231-600-7058\*\*\*\*