

(certolizumab pegol)

CIMZIA Infusion Orders



NOVELLO INFUSION

Patient Name _____ DOB _____ Gender: M F

Phone _____

DIAGNOSIS: *Please provide IDC-10 Code*

- _____ Rheumatoid Arthritis (RA)
- _____ Crohn's Disease
- _____ Ankylosing Spondylitis

- _____ Psoriatic Arthritis
- _____ (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

CIMZIA ORDERS:

DOSAGE/FREQUENCY:

- 400 mg SQ initially and at weeks 2 and 4 (induction)
- 200mg/kg every 2 weeks (maintenance)
- 400 mg/kg every 4 weeks (maintenance)
- Emergency Orders and Treatment per Novello Infusion Anaphylaxis Policy**

PATIENT WEIGHT

_____ LBS
_____ KG

TB TESTING

- Perform Quantiferon Gold (QFT Gold)
- Perform PPD Skin Test

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
- Administer injection as ordered

ORDERING PROVIDER:

Signature _____ Printed Name: _____ Date _____

Practice _____ Phone _____ Fax _____

******PLEASE FAX COMPLETED ORDER TO NOVELLO INFUSION 231-600-7058******