



(golimumab)

SIMPONI ARIA Infusion Orders

Patient Name _____ DOB _____ Gender: M F

Phone _____

DIAGNOSIS: *Please provide IDC-10 Code*

- _____ Rheumatoid Arthritis (RA) _____ (Other)
- _____ Active Psoriatic Arthritis (PSA)
- _____ Active Ankylosing Spondylitis

PRE-MEDICATION:

- Tylenol 1000mg PO Solu-Medrol 125mg IVP
- Cetirizine 10mg PO Solu-Cortef 100mg IVP
- Diphenhydramine 25mg PO Diphenhydramine 25mg IVP
- _____ Other _____ Other

SIMPONI ARIA ORDERS:

DOSAGE:

- 2mg/kg (weight based)
- _____ mg (flat dose)

PATIENT WEIGHT

_____ LBS
_____ KG

FREQUENCY:

- At 0,4 and every 8 weeks (induction)
- Every _____ weeks
- Emergency Orders and Treatment per Novello Infusion Anaphylaxis Policy**

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****