

DEMOGRAPHICS

Patient Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 DOB: ____/____/____ Male Female
 Phone: _____
 SSN: _____ Ht: _____ Wt: _____

PRESCRIBING PHYSICIAN

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 License#: _____
 DEA#: _____ NPI: _____

ALLERGIES / REACTIONS

Signature: _____
 Date: _____

PHYSICIAN ORDERS

ENTYVIO

REFILLS: _____

- Initial Dose: Infuse 300 mg IV over 30 minutes at weeks 0, 2, & 6 weeks
 Maintenance: Infuse 300 mg IV over 30 minutes every 8 weeks

IV ACCESS

- Peripheral IV - Flush with Normal Saline 5–10 ml with IV start and before & after medication
 Subcutaneous Port - Flush with Normal Saline 10 ml before & after medication--LOCK with Heparin 500 units (100 units/ml)

PRE-MEDICATIONS / LABS

REFILLS: _____

- Diphenhydramine ____ MG IV 30 minutes before infusion Solu-Medrol ____ MG IV 30 minutes before infusion
 OTHER: _____
 LABS: _____ FREQUENCY _____

Anaphylaxis Kit per Pharmacy protocol

TO BE ADMINISTERED BY THE HEALTH CARE PROVIDER PRN FOR PATIENTS RECEIVING IV MEDS IN THE HOME
 Epinephrine Auto Injector 0.3mg/0.3ml IM – Repeat one time in 20 minutes if needed

ADVERSE REACTION ORDERS:

Mild Reactions - Reduce rate by 1/2 at time of onset and keep reduced x30 minutes. If resolved, increase per guidelines. If not resolved, administer appropriate medication based on symptoms,
Severe Reactions - STOP infusion , KVO IV Normal Saline Diphenhydramine 25/50 mg IVP over 3-5 minutes
 Methylprednisolone 125 mg IVP over 5 minutes Call Ambulance and Physician .

DIAGNOSIS:

K50.90 Crohn's Disease NOS K51.90 Ulcerative Colitis Other: _____