

Height _____ Weight _____

Cottage Grove Infusion 1515 Village Drive Cottage Grove, OR 97424 Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164

Vedolizumab (ENTYVIO) INFUSION (v. 05/24/2024)

Medications:	
- ₁	Vedolizumab (ENTYVIO) 300 mg in 250 mL normal saline over 30 minutes. Infuse at week 0, 2 and 6, then every 8 weeks thereafter. After infusion
complete	e flush with 30 mL sterile normal saline
A	cetaminophen (TYIENOL) 650 mg PO once 30 minutes prior to infusion (optional)
D	Piphenhydramine (Benadryl) 25 mg PO once 30 minutes prior to infusion (optional)
Nursing comn	nunications:
■ V	ital signs: Initial and as needed during infusion
Access:	
I r	nsert peripheral IV
Д	Every visit, remove after IV administration complete access & Use Central Line/ CVAD
-	
-	mopular, por one (11) 100 unit in maint o in a no decentration of the decentration of
_	Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
A	ccess & Use PICC
-	
-	
Emongones M	Iedications: DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches,
n diaphor Ad n mild to 20 poin Contact	resis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic). minister 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider. MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= uts in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). provider if given. Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 m se of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given. Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction. May give emergency medications IM if IV route unavailable

Date: _____ Time: ____