



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

GOLIMUMAB (SIMPONI ARIA) INITIATION INFUSION [11500269] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Pre-Screening Labs

- Provider Communication
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

Pre-Medications

Interval

- | | | |
|---|-------------|-------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg
<i>Once</i> | Every Visit | Route: Oral |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule 25 mg
<i>Once IV or PO</i> | Every Visit | Route: Oral |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg
<i>Once IV or PO</i> | Every Visit | Route: IV |

Supportive Care

Interval

- GOLIMUMAB IVPB Route: IV
Use an infusion set with an in-line low protein-binding 0.22 micron filter. Do not infuse in the same line with other medications.
Dose _____ Frequency _____ Given at weeks 0 and 4 _____

Vascular Access (single select)

Interval

- | | |
|---|-------------|
| <input type="checkbox"/> IV | Every Visit |
| - Insert peripheral IV | |
| - sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | |
| <input type="checkbox"/> Central line (non-PICC) | Every Visit |
| - Access vascular device and confirm patency | |
| - Initiate Central line (non-PICC) maintenance protocol | |
| - sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care prior to medication administration PRN</i> | |
| - sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care post medication administration PRN</i> | |
| - sodium chloride (NS) flush 20 mL
<i>20 mL As Needed for Line Care post lab draw PRN</i> | |
| - sodium chloride (NS) flush 10 mL
<i>10 mL for Line Care at discharge and de-access every visit</i> | |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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GOLIMUMAB (SIMPONI ARIA) INITIATION INFUSION

- heparin 100 units/mL 5 mL
5 mL for de-access every visit
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

O PICC line Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications	Interval	Route
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- | | | |
|--|-----|-----------|
| <input type="radio"/> sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | PRN | Route: IV |
| <input type="radio"/> sodium chloride 0.9 % bolus 500 mL
<i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN | Route: IV |

Emergency Medications	Interval	Route
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- | | | |
|---|-----|----------------------|
| <input checked="" type="checkbox"/> diphenhydramine (BENADRYL) injection 25-50 mg
<i>25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg 1 dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV |
| <input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff
<i>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i> | PRN | Route: Inhalation |
| <input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg
<i>125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i> | PRN | Route: IV |
| <input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
<i>0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.</i> | PRN | Route: Intramuscular |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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