



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) MAINTENANCE INFUSION [11500338] 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.*

### Labs

### Interval

- Complete Blood Count W/ Automated Differential *Frequency* \_\_\_\_\_
- Comprehensive Metabolic Panel *Frequency* \_\_\_\_\_

### 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 \_\_\_\_\_

### Nursing Orders

### Interval

- Nursing Communication Every Visit  
*Vital signs prior to infusion, every 30 minutes during infusion, and 30 minutes post-infusion. Call provider for: Systolic BP less than 90, Pulse greater than 120, Temperature greater than 38.5 degrees Celsius.*
- Nursing Communication Every Visit  
*If stable 30 minutes post infusion, discharge patient home on usual home medications.*

### Vascular Access (single select)

### Interval

- IV Every Visit  
- Insert peripheral IV  
- sodium chloride (NS) flush 10 mL  
*10 mL As Needed for Line Care*
- Central line (non-PICC) Every Visit  
- Access vascular device and confirm patency

Provider Signature

Date

Time

Provider's Printed Name: \_\_\_\_\_

Place Patient Label Here

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**GOLIMUMAB (SIMPONI ARIA) MAINTENANCE INFUSION**

- Initiate Central line (non-PICC) maintenance protocol
  - 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
  - sodium chloride (NS) flush 10 mL  
10 mL for Line Care at discharge and de-access every visit
  - 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"/> acetaminophen (TYLENOL) tablet 650 mg<br>650 mg Once As Needed For aches or temp change > 2 degrees F                     | PRN | Route: Oral |
| <input type="radio"/> sodium chloride (NS) flush 10 mL<br>10 mL As Needed for Line Care   | PRN | Route: IV   |
| <input type="radio"/> sodium chloride 0.9 % bolus 500 mL<br>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr) | PRN | Route: IV   |

Emergency Medications	Interval	Route
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- |   |     |           |
|---|-----|-----------|
| <input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg<br>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. | PRN | Route: IV |
|---|-----|-----------|

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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**GOLIMUMAB (SIMPONI ARIA) MAINTENANCE INFUSION**

- X albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation  
*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.*
- X methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV  
*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 ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.*
- X EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular  
*0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes ( $\geq 40$  points in SBP), shortness of breath with wheezing and O2Sat  $< 90\%$ ), and contact provider.*

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Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here