



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.

VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS) [11500386] 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.**

Labs	Interval
<input type="radio"/> Complete Blood Count W/ Automated Differential	Once
<input type="radio"/> Comprehensive Metabolic Panel	Once
<input type="radio"/> C-Reactive Protein	Once
<input type="radio"/> Sedimentation Rate, Westergren	Once

Pre-Medications	Interval	Route
<input type="radio"/> acetaminophen (TYLENOL) tablet 650 mg <i>Once</i>	Every Visit	Oral
<input type="radio"/> diphenhydramine (BENADRYL) capsule 25 mg <i>Once May use IV or PO</i>	Every Visit	Oral
<input type="radio"/> diphenhydramine (BENADRYL) injection 25 mg <i>Once May use IV or PO</i>	Every Visit	IV

Supportive Care	Interval	Route
<input checked="" type="checkbox"/> VEDOLIZUMAB (ENTYVIO) IVPB <i>After infusion complete, flush with 30 mL of Sterile 0.9 % NaCl.</i> Dose _____ Frequency _____		IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Vital Signs prior to infusion and every 30 minutes during infusion.</i>	Every Visit

Vascular Access (single select)	Interval
<input type="radio"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	Every Visit

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

- 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
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

- 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	
○	sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
○	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	
X	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 I dose for a total of 50 mg, and contact provider.</i>	PRN	Route: IV

Provider Signature Date Time

Provider's Printed Name:

Place Patient Label Here	Page 2 of 3 EHR5022-DT (07/11/2024) VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS)
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- 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.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 3 of 3

EHR5022-DT (07/11/2024)

VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS)