



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) MAINTENANCE INFUSION [11500388] 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 | Frequency _____ |
| <input type="radio"/> Comprehensive Metabolic Panel | Frequency _____ |
| <input type="radio"/> C-Reactive Protein | Frequency _____ |
| <input type="radio"/> Sedimentation Rate, Westergren | Frequency _____ |

Supportive Care

Interval

- VEDOLIZUMAB (Entyvio) 300 mg IV over 30 minutes every 8 weeks Route: IV
After infusion complete, flush with 30 mL of sterile 0.9% NaCl.

Nursing Orders

Interval

- Nursing Communication Every Visit
Vital signs prior to infusion and every 30 minutes during infusion.

Vascular Access (single select)

Interval

- | | |
|---|-------------|
| <input type="radio"/> IV | Every Visit |
| - Insert peripheral IV | |
| - sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | |
| <input type="radio"/> 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> | |
| - heparin 100 units/mL 5 mL
<i>5 mL for de-access every visit</i> | |

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5023-DT (07/11/2024)

VEDOLIZUMAB (ENTYVIO) MAINTENANCE INFUSION

- 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
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- | | | |
|--|-----|-----------|
| ○ 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
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- | | | |
|---|-----|----------------------|
| 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 1 dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV |
| X 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 |
| X 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 |
| X 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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VEDOLIZUMAB (ENTYVIO) MAINTENANCE INFUSION