

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

| VEDOLIZUMAB (ENTYVIO) INITIATION INFUSIONS (0, 2, & 6 WEEKS) [11500386] |
|---|
| Therapy Plan To Be Used In Infusion Center |

| Infusion Center Location: | | Start Date: | | | |
|---------------------------|---|------------------------------|----------------------|--|--|
| Diagnos | sis/Indication: | | | | |
| Authoriz | zation Number: | | | | |
| | Name | | | | |
| Suppo | ortive Care | Interva | | | |
| | VEDOLIZUMAB IVPB | | Route: | | |
| | Starting when released, For 1 dose, After ir Dose Frequency _ | | with 30ml of Steril | e 0.9% NaCl | |
| Labs | | Interval | | | |
| | Complete Blood Count with Automated Different | ntial Once | | | |
| | Starting when released | | | | |
| | Comprehensive Metabolic Panel | Once | | | |
| | Starting when released | | | | |
| | C-Reactive Protein | Once | | | |
| | Starting when released | | | | |
| | Sedimentation Rate, Westergren | Once | | | |
| | Starting when released | | | | |
| | Treatment Lab Instructions | PRN | | | |
| | Starting when released Nursing to release t -Sedimentation Rate, westergren, Provider a Treatment Date. | | | | |
| Provid | der Communication Orders | Interval | | | |
| | Physician Communication | Once | | | |
| | Starting when released Order one CBC with Differential, CMP, CRP, and ESR prior to patient starting treatmer | | | | |
| | Provider Communication | Once | | | |
| | Starting when released Select most approp central line access set of orders, then de-se | | nly) for IV access / | central line - if selecting a | |
| Nursing Orders | | Interval | | | |
| | Nursing Communication | Every vi | sit | | |
| | Starting when released Vital signs prior to in | nfusion and every 30 i | ninutes during infus | sion. | |
| | Insert peripheral IV | PRN | | | |
| | Starting when released | | | | |
| | Access & Use Central Line/CVAD | PRN | | | |
| | Starting when released Access vascular device and confirm patency. | | | | |
| | | | | | |
| | Provider Signature | EHR User ID D | ate | Time | |
| nitials | | | | | |
| | | Page 1 of 3 VEDOLIZUMAB (| | 0263-DT (01/05/2024) N INFUSIONS (0, 2, & 6 | |
| F | Place Patient Label Here | | Prog & Or | ders | |

| | Access & Use Central Line/CVAD | PRN | | | |
|----------|---|-------------------------------|-------------------------------------|--|--|
| | Starting when released Access vascular device and confirm patency. | | | | |
| | sodium chloride (NS) flush 10 mL | PRN | Route: IV | | |
| | Line Care, Starting when released | | | | |
| | Initiate Central Line (Non-PICC) Maintenance F | Protocol PRN | | | |
| | Starting when released | | | | |
| | Initiate PICC Maintenance Protocol | PRN | | | |
| | Starting when released | | | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | Route: IV | | |
| | Other, Line Care prior to medication adminis | stration, Starting when relea | sed | | |
| | Nursing Communication | PRN | | | |
| | Starting when released Change PICC line a | lressing weekly and as need | led. | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | Route: IV | | |
| | Other, Line Care post medication administra | ation, Starting when released | d | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | Route: IV | | |
| | Other, Line Care prior to medication adminis | stration, Starting when relea | sed | | |
| | sodium chloride 0.9 % injection 20 mL | PRN | Route: IV | | |
| | Other, Line Care post lab draw, Starting wh | en released | | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | Route: IV | | |
| | Other, Line Care post medication administra | ation, Starting when released | | | |
| | sodium chloride 0.9 % injection 10 mL | PRN | Route: IV | | |
| | Other, Line Care at discharge and de-acces | s, Starting when released | | | |
| | sodium chloride 0.9 % injection 20 mL | PRN | Route: IV | | |
| | Other, Line Care post lab draw, Starting wh | en released | | | |
| | heparin, porcine (PF) 100 unit/mL flush 500 Un | its PRN | Route: IV | | |
| | Line Care, for de-access, Starting when rele | eased | | | |
| | alteplase (CATHFLO) injection 2 mg | PRN | Route: Intra-Catheter | | |
| | Other, Line Care, 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 by 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. | | | | |
| | alteplase (CATHFLO) injection 2 mg | PRN | Route: Intra-Catheter | | |
| | Other, Line care, 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 by 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 | | | | |
| Pre-N | ledications | Interval | | | |
| | acetaminophen (TYLENOL) tablet 650 mg | Every visit | Route: Oral | | |
| | Once Starting when released, For 1 dose | | | | |
| | diphenhydrAMINE (BENADRYL) capsule 25 m | g Every visit | Route: Oral | | |
| | Once Starting when released, For 1 dose, M | lay use IV or PO | | | |
| | Provider Signature | EHR User ID Date | Time | | |
| Initials | | | | | |
| | | Page 2 of 3 | EHR0263-DT (01/05/2024) | | |
| | | 0 | IO) INITIATION INFUSIONS (0, 2, & 6 | | |
| WEEKS) | | | | | |
| l | Place Patient Label Here Prog & Orders | | | | |
| | | | | | |

| | diphenhydrAMINE (BENADRYL) injection 25 mg | Every visit | Route: IV | | |
|-----------------------|---|--|---|--|--|
| | Once Starting when released, For 1 dose, May use IV or PO. | | | | |
| PRN | Medications | Interval | Interval | | |
| | sodium chloride (NS) flush 10 mL | PRN | Route: IV | | |
| | 10 mL As Needed IV Line Care, Starting when release | ed | | | |
| | sodium chloride 0.9 % bolus 500 mL | PRN | Route: IV | | |
| | 500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr) | | | | |
| Emergency Medications | | Interval | Interval | | |
| | diphenhydrAMINE (BENADRYL) injection 25-50 mg | PRN | Route: IV | | |
| | 25 to 50 mg Once As Needed IV Other, For mild to m diaphoresis, fever, palpitations, chest discomfort, bloo urticaria, chills, pruritis), For 1 dose, Administer 50 mg of reaction. Administer 25 mg IV if patient has had dipl resolve in 3 minutes may repeat 25mg IV dose for a to | d pressure chang IV if patient has henhydramine wi | ges (>/= 20 points in SBP), nausea, NOT had diphenhydramine within 2 hours ithin 2 hours of reaction, if reaction doesn't | | |
| | 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, Starting when released, Administer with a spacer if available. | | | | |
| | methyIPREDNISolone sodium succinate (Solu- MEDROL) injection 125 mg | PRN | Route: IV | | |
| | 125 mg Once As Needed IV For shortness of breath for continued symptoms of mild to moderate drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose | | | | |
| | EPINEPHrine (ADRENALIN) injection 0.5 mg | PRN | Route: Intramuscular | | |
| | 0.5 mg Once As Needed Intramuscular Other, For sev diaphoresis, fever, palpitations, chest discomfort plus I of breath with wheezing and O2Sat <90%), and notify | blood pressure cl | hanges (>/= 40 points in SBP), shortness | | |

| Pre | ovider Signature | EHR User ID | Date | Time |
|----------|-----------------------|---|------|-------------------------|
| Initials | | | | |
| | | Page 3 of 3 | | EHR0263-DT (01/05/2024) |
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