



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

## VEDOLIZUMAB (ENTYVIO) MAINTENANCE INFUSION [11500515] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

Authorization Number: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

| Labs  | Interval |
|---|----------|
| <input type="checkbox"/> Complete Blood Count with Automated Differential<br><i>Starting when released</i>  | Once     |
| <input type="checkbox"/> Comprehensive Metabolic Panel<br><i>Starting when released</i>   | Once     |
| <input type="checkbox"/> C-Reactive Protein<br><i>Starting when released</i>  | Once     |
| <input type="checkbox"/> Sedimentation Rate, Westergren<br><i>Starting when released</i>  | Once     |
| <input type="checkbox"/> Treatment Lab Instructions<br><i>Starting when released Nursing to release the following labs: -CBC with Differential, -CMP, -C-Reactive Protein, -Sedimentation Rate, westergren, Provider approves to Release and Draw labs 2 days Pre &amp; Post this Planned Treatment Date.</i> | PRN      |

| Provider Communication Orders   | Interval |
|---|----------|
| <input type="checkbox"/> Physician Communication<br><i>Starting when released Order one CBC with Differential, CMP, CRP, and ESR prior to patient starting treatment.</i>   | Once     |
| <input type="checkbox"/> Provider Communication<br><i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i> | Once     |

| Nursing Orders  | Interval    |           |
|---|-------------|-----------|
| <input type="checkbox"/> Nursing Communication<br><i>Starting when released Vital signs prior to infusion and every 30 minutes during infusion.</i> | Every visit |           |
| <input type="checkbox"/> Insert peripheral IV<br><i>Starting when released</i>  | PRN         |           |
| <input type="checkbox"/> Access & Use Central Line/CVAD<br><i>Starting when released Access vascular device and confirm patency.</i>                | PRN         |           |
| <input type="checkbox"/> Access & Use Central Line/CVAD<br><i>Starting when released Access vascular device and confirm patency.</i>                | PRN         |           |
| <input type="checkbox"/> sodium chloride (NS) flush 10 mL<br><i>Line Care, Starting when released</i>   | PRN         | Route: IV |
| <input type="checkbox"/> Initiate Central Line (Non-PICC) Maintenance Protocol<br><i>Starting when released</i>                                     | PRN         |           |

Provider Signature \_\_\_\_\_ EHR User ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Initials \_\_\_\_\_

Place Patient Label Here

|                          |  |     |                       |
|--------------------------|--|-----|-----------------------|
| <input type="checkbox"/> | Initiate PICC Maintenance Protocol<br><i>Starting when released</i>  | PRN |                       |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 10 mL<br><i>Other, Line Care prior to medication administration, Starting when released</i>  | PRN | Route: IV             |
| <input type="checkbox"/> | Nursing Communication<br><i>Starting when released Change PICC line dressing weekly and as needed.</i>   | PRN |                       |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 10 mL<br><i>Other, Line Care post medication administration, Starting when released</i>  | PRN | Route: IV             |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 10 mL<br><i>Other, Line Care prior to medication administration, Starting when released</i>  | PRN | Route: IV             |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 20 mL<br><i>Other, Line Care post lab draw, Starting when released</i>   | PRN | Route: IV             |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 10 mL<br><i>Other, Line Care post medication administration, Starting when released</i>  | PRN | Route: IV             |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 10 mL<br><i>Other, Line Care at discharge and de-access, Starting when released</i>  | PRN | Route: IV             |
| <input type="checkbox"/> | sodium chloride 0.9 % injection 20 mL<br><i>Other, Line Care post lab draw, Starting when released</i>   | PRN | Route: IV             |
| <input type="checkbox"/> | heparin, porcine (PF) 100 unit/mL flush 500 Units<br><i>Line Care, for de-access, Starting when released</i>   | PRN | Route: IV             |
| <input type="checkbox"/> | alteplase (CATHFLO) injection 2 mg<br><i>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.</i> | PRN | Route: Intra-Catheter |
| <input type="checkbox"/> | alteplase (CATHFLO) injection 2 mg<br><i>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</i>  | PRN | Route: Intra-Catheter |

**PRN Medications**

**Interval**

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

**Emergency Medications**

**Interval**

|                          |  |     |           |
|--------------------------|--|-----|-----------|
| <input type="checkbox"/> | diphenhydrAMINE (BENADRYL) injection 25-50 mg<br><i>25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (&gt;= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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 25mg IV dose for a total of 50 mg, and notify provider</i> | PRN | Route: IV |
|--------------------------|--|-----|-----------|

Provider Signature

EHR User ID

Date

Time

Initials

Place Patient Label Here

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.*

methylPREDNISolone 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 reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  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 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 notify provider, For 1 dose*

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Prog & Orders