

INFUSION SUITE		ENTYVIO INFUSION ORDERS	
PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10 / Diagnosis:		Height:	
Allergies / Hypersensitivities:		Weight (kg):	
		*Weigh patient at each visit	
REQUIRED CLINICAL DOCUMENTATION			
<input checked="" type="checkbox"/> TB *Required Annually			
Additional labs:			
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC	
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cetirizine 10mg PO X1		<input type="checkbox"/> Loratadine 10mg PO X1
<input type="checkbox"/> Additional PRN:			
ENTYVIO ORDERS			
<input type="checkbox"/> Loading: Entyvio 300mg IV in 250mL NS over 30 minutes on week 0, week 2 and week 6			
<input type="checkbox"/> Subsequent: Entyvio 300mg in 250 mL NS over 30 minutes every _____ weeks X _____			
POST INFUSION			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home			
Signature:		Date:	
Provider Name/Credentials: <input type="checkbox"/>		Provider Phone:	
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>	
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Infusion Directions:

- Bring vials to room temperature. Reconstitute Entyvio with 4.8 mL sterile water.
- Direct the stream toward to side of the vial. Gently swirl for at least 15 seconds.
- Solution can sit for up to 30 minutes to dissolve. Vial can be swirled and inspected.
- Once dissolved, gently invert 3 times. Withdraw 5mL of Entyvio and add to 250mL NS bag.
- Infuse over 30 minutes (no filter required for tubing)