

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment

Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Appointment Request – Infusion – 2 hours Once on Week 0, 2, and 6

Treatment Conditions (Administer Treatment if): Once on Day 1

Hepatitis B surface antigen and Hepatitis B core antibody NONREACTIVE (within 365 days)

Administer treatment if – Tuberculosis Test Negative (within 365 days)

NOTE: TESTING SHOULD NOT DELAY TREATMENT

Okay to treat. Include details here: _____

Labs: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

C-Reactive Protein

Sedimentation Rate

CBC & Diff

Comprehensive Metabolic Panel

Quantiferon-TB Gold Plus

T-Spot Tuberculosis Test

Ferritin

Folate

Vitamin B12

Vitamin D25 Hydroxy

Pre-Medications: Order will be done as per appointment frequency

Acetaminophen tablet 650 mg, oral, Once

DiphenhydrAMINE 25mg, once (choose one) tablet, Oral injection, IV

Famotidine 20 mg, once (choose one) tablet, Oral injection, IV

Loratadine tablet 10 mg, PO, Once

Hydrocortisone sodium succinate injection 100 mg, intravenous, once

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____

Signature _____

Date _____

Contact # _____

Attending Physician

Print Name: _____

Signature _____

Date _____

Contact # _____

[Place patient sticker here]

Name: _____
MRN: _____
DOB: _____

Supportive Care:

Order will be done as per appointment frequency

- Sodium chloride 0.9% prime bag 250 ml
250 ml, intravenous, at 0-999, PRN as needed, Prime Bag

Medication:

Week 0, 2, and 6

- Vedolizumab 300 mg in in NS 250 mL over 30 min
Infuse over 30 minutes using low-protein binding 0.2 micron filter

Emergency Medications

Order will be done as per appointment frequency

- Hypersensitivity reaction protocol
Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____