

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 Every (pick one) 4 5 6 7 8 weeks

NOTE: The frequency of orders in each category MUST be the same. For instance, if vedolizumab is to be given every 5 weeks, pre-medications and scheduling orders, etc. must be every 5 weeks as well.

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

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

Supportive Care: Order will be done as per appointment frequency

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

Medication: Order will be done as per appointment frequency

- Vedolizumab (Simponi Aria®) 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 # _____