

# Infusion Clinic

## Vedolizumab (*Entyvio*)



### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Date: \_\_\_\_\_ Allergies: \_\_\_\_\_ Pt. Weight: \_\_\_\_\_ kg  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 ICD-10 Code: \_\_\_\_\_ (*Circle diagnosis*) Crohn's Ulcerative Colitis

### ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

**Dose:** Vedolizumab (*Entyvio*) 300 mg IV Administer in 250 ml NS or LR over 30 minutes

**Frequency: (select one)**

- Initial dose, 2 weeks, 6 weeks, then every 8 weeks
- Other (*specify*) \_\_\_\_\_

**Pre-meds (drug, dose, and route):** \*Patients should be instructed to take oral medications ½ hr before appointment\*

- Diphenhydramine IV PO (*Circle one route*) 25mg 50mg (*Circle one dose*)
- Tylenol (*Circle one*) 650 mg PO if patient forgets to take at home
- Ondansetron 4mg IV every 6 hrs PRN Nausea
- Other (*drug, dose, route and frequency*) \_\_\_\_\_

**Frequency of Pre-medication (select all that apply)**

- Prior to each dose of Vedolizumab (*Entyvio*)
- PRN S/Sx of infusion reaction
- QFG TB testing every 12 months while on therapy.

Most current TB test & type: \_\_\_\_\_ Results: \_\_\_\_\_ Date: \_\_\_\_\_

- Lab before each infusion:  CMP  CBC
- Other \_\_\_\_\_

**PATIENTS WITH CENTRAL LINE ACCESS:**

- Select one: Patient has a  PICC  Implanted port  Other CVAD  Patient does not have a CVAD
- Central line care per Salem Health CVAD Access Policy & Procedure. (*Lippincott*)
  - Alteplase/cathflo 2mg IV MR X1 instilled into central catheter per Salem Health Central Venous Access Device declotting (*Lippincott*) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow
  - 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (*occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.*) Notify Physician or Provider
  - Contact provider prior to infusion if patient reports changes from previous infusion related to: active infection, illness (*with or without fever*) active cancer, symptoms of hepatitis, jaundice changes in LOC, confusion, or other neurological symptoms, Notify provider of all infusion reactions.
  - Notify provider if infusion NOT given or patient status is 'No Show' for his or her appointment.
  - Follow SH Infusion reaction algorithm for symptom of infusion reaction.

Provider Signature \_\_\_\_\_

Provider Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

salemhealth.org

**Infusion**

Appointment line: 503-814-4638  
 (M-F: 8 a.m. - 4 p.m., Sat & Sun 8 a.m. - 2 p.m.)  
 Fax: 503-814-1465  
 Clinic Hours M-F 8 a.m. - 4:30 p.m.,  
 Sat-Sun & Holidays 8 a.m. - 2:30 p.m.

Order template reviewed  
 and approved by: \_\_\_\_\_

**PATIENT LABEL**