

Infusion Clinic

Golimumab (Simponi Aria)



PATIENT INFORMATION

Patient Name: _____ DOB: _____
Date: _____ Allergies: _____ Pt. Weight _____ kg
Provider: _____ Phone: _____
ICD-10 Code _____ Diagnosis: _____

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

Dose: Golimumab 2mg/kg _____ mg IV Administer in 100 ml NS and infuse over 30 minutes administer through an in-line, low protein binding filter (22 or less micron). Once diluted it can be stored for 4 hours at room temperature

Frequency: Initial dose (week 0), and again at 4 weeks, followed by every 8 weeks

Hold medication for s/sx of infection and notify the physician.

Pre-meds (drug, dose, and route):

- Diphenhydramine IV 25mg 50mg (Circle one dose) Acetaminophen 500 mg PO Ondansetron 4mg IV every PRN Nausea/vomiting
 Dexamethasone IV 4mg 8mg 10 mg (circle one dose)
 Other (drug, dose, route and frequency) _____

QFG TB testing every 12 months while on therapy. _____ the patient has been evaluated for latent TB
Most current TB test & type: _____ Results: _____ Date: _____

- Lab before each infusion: CMP CBC
 Other _____

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.

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

Provider Signature _____

Provider Printed Name _____

Date: _____

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Infusion

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

PATIENT LABEL