Riverbend Medical Center Regional Infusion Center (RIC)
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Golimumab (SIMPONI ARIA) INFUSION (v. 05/21/2024)

Diagnosis/Indication (ICD-10): _____

* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Medications:

- Golimumab 2 mg/kg/ dose IV in 100 mL 0.9% normal saline over 30 minutes (round to nearest whole vial size (50 mg)). Give infusion on week 0, 4 and then every 8 weeks. Use and infusion set with an in-line low protein-binding 0.22 micron filter. Do not infuse in the same line with other medications.
- Golimumab 2 mg/kg/ dose IV in 100 mL 0.9% normal saline over 30 minutes (round to nearest whole vial size (50 mg)). Give infusion on week 0, 4 and then every _____ weeks. Use and infusion set with an in-line low protein-binding 0.22 micron filter. Do not infuse in the same line with other medications.
- Acetaminophen (TYLENOL) 650 mg PO once 30 minutes prior to infusion (optional)
- Diphenhydramine (Benadryl) 25 mg PO once 30 minutes prior to infusion (optional)

Nursing communications:

- Vital signs: Initial and every 30 minutes during infusion and 30 minutes post-infusion
- Call provider for systolic BP less than 90, pulse greater than 120, temperature greater than 38.5 degrees Celsius

Labs:

- CBC with auto differential at start of therapy and every 8 weeks (if patient is on Methotrexate or Leflunomide)
- CMP at start of therapy and every 8 weeks (if patient is on Methotrexate or Leflunomide)

Access:

- Insert peripheral IV
  - Every visit, remove after IV administration complete
- Access & Use Central Line/ CVAD
  - Initiate Central Line (Non-PICC) Maintenance Protocol
  - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- Access & Use PICC
  - Initiate PICC Maintenance Protocol
  - Normal saline flush 3 mL as needed for PICC/ Hickman line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name: _____

DOB: _____

Height _____ Weight _____

Provider printed name: _____

Provider signature: _____

Date: _____   Time: _____

Emergency Medications:

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic).

    -- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.

- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.

- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

    May give emergency medications IM if IV route unavailable.

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____   Time: _____